



Boston University | Office of the University Registrar
 881 Commonwealth Avenue | Boston, MA 02215
 617.353.3612 | registrar@bu.edu

Registration Form

Use this form to register for classes as a NEW student. All fields must be completed to create a student record.

STUDENT INFORMATION			
Last Name _____	First Name _____	Date of Birth _____	
Legal Sex Female <input type="checkbox"/> Male <input type="checkbox"/> <i>Legal, binary sex is required for BU records and Federal Reporting</i>			
BUID _____	School/College _____	Prior BU Affiliation Faculty/Staff <input type="checkbox"/> Former Applicant <input type="checkbox"/>	
Email _____	Phone _____		
Permanent Home Address _____			
City _____	State _____	Zip _____	Country _____
Local Address _____			<i>Residence while attending classes at BU</i>
City _____	State _____	Zip _____	
BU Alert Phone Number _____ <i>Required for notification of University-wide emergency</i>			
Emergency Contact _____		Relation _____	Phone _____
Are you a US citizen or permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, check all that apply below.</i>			
Are you Hispanic or Latina/o? Yes <input type="checkbox"/> No <input type="checkbox"/>			<i>Race/Ethnicity information is for Federal reporting.</i>
Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer <input type="checkbox"/>			

REGISTRATION INFORMATION							
Semester	College	Course	Number	Section	Credit Hours	Course Title	Faculty Signature
<i>Fall 2020</i>	<i>CAS</i>	<i>CS</i>	<i>101</i>	<i>A1</i>	<i>4</i>	<i>Intro to Computing</i>	<i>If required by school</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION	
Sign below to authorize the above registration activity.	
NO STUDENT WILL BE ADDED OVER THE SEAT LIMIT VIA THIS FORM.	
Student Signature _____	Date _____
Advisor Signature _____ <i>If required by school</i>	Date _____



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Directory Information Restriction Form

Use this form to manage public access to your data at Boston University.

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University’s FERPA policy, please refer to the Registrar’s Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as “Directory Information.” A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Last Name _____ **First Name** _____ **BUID** _____

- Academic Program (Degree, Major, Minor)**
If restricted, this information will not be released to anyone outside BU.
- Commencement Program**
If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.
- Dates of Attendance, Full/Part-time Status**
If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.
- Degrees, Honors, and Awards Received**
If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.
- Email Directory Lookup**
If restricted, your email address will not be listed in the BU on-line directory.
- Local Address and BU Directory Phone Number**
If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.
- School or College**
If restricted, this information will not be released to anyone outside BU.
- Bostonia Yearbook**
If restricted, your name will not appear in the BU Yearbook when you graduate.

Please sign below to acknowledge that the information you have entered above is your legal personal information. This form must be accompanied by legal documents supporting the requested changes.

Student Signature _____ **Date** _____