



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

Registration Petition for the Boston Area Consortia

Boston College | Brandeis University | Hebrew College | MIT Gender and Women's Studies | Tufts University

STUDENT INFORMATION

Last Name _____ First Name _____
 Date of Birth _____ Gender _____ BUID _____
 Email _____ Phone _____
 Street Address _____
 City _____ State _____ Zip _____

REGISTRATION INFORMATION

Semester	Course	Section	Credit Hours	Course Title
<i>Fall 2020</i>	<i>CAS CS 100</i>	<i>A1</i>	<i>4</i>	<i>Intro to Computing</i>
_____	_____	_____	_____	_____

AUTHORIZATION	
<p>Home Institution</p> <p>_____</p> <p>Registrar's Signature</p> <p>_____</p> <p>Dean or Advisor's Signature</p> <p>_____</p>	<p>Host Institution</p> <p>_____</p> <p>Registrar's Signature</p> <p>_____</p> <p>Instructor's Signature</p> <p>_____</p>

Student Signature _____ Date _____

All signatures are required to complete registration. Requests are subject to review and approval.