



REGISTRATION FORM

ACADEMIC SEMESTER AND YEAR
(CIRCLE ONE) (FILL IN)
FALL SPRING 20 18

OFFICE OF THE
UNIVERSITY REGISTRAR

COLLEGE _____

LAST NAME
Maduakor

B.U.I.D./SOCIAL SECURITY NUMBER
U98388301

SEX
M = MALE F = FEMALE ☐ F

FIRST NAME Udochi MIDDLE INITIAL H

DATE OF BIRTH
112686
MO. DAY YR.

EMAIL ADDRESS
udochi@bu.edu

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

| ADDRESS | | | ETHNIC CODE | |
|--|----------------------|------------------------------|--|-------------------------------------|
| STREET & CITY | | | (CIRCLE ALL THAT APPLY) (REQUIRED FOR GOVERNMENT REPORTS) | |
| <input type="checkbox"/> CHANGE ADDRESS, PERSONAL, AND DIRECTORY | | | <input checked="" type="checkbox"/> A | - AFRICAN AMERICAN/BLACK |
| <input type="checkbox"/> INFORMATION ON THE STUDENT LINK | | | <input type="checkbox"/> B | - AMERICAN INDIAN/ ALASKA NATIVE |
| <input type="checkbox"/> (www.bu.edu/studentlink) | | | <input type="checkbox"/> C | - ASIAN |
| <input type="checkbox"/> Contact Registrar for Name Change Form | | | <input type="checkbox"/> D | - WHITE |
| STATE | ZIP | COUNTRY (IF FOREIGN ADDRESS) | <input type="checkbox"/> E | - NATIVE HAWAIIAN/ PACIFIC ISLANDER |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> F | - LATINO/HISPANIC |
| COUNTRY OF CITIZENSHIP (FOREIGN STUDENTS ONLY) | | | <input type="checkbox"/> G | - OTHER |
| <input type="text"/> | | | <input type="checkbox"/> H | - NO INFORMATION |
| HOME PHONE | WORK PHONE | | PERSON TO NOTIFY IN A PERSONAL EMERGENCY | |
| <input type="text"/> | <input type="text"/> | | Sister | |
| BU DIRECTORY PHONE | <input type="text"/> | | PHONE | |
| <input type="text"/> | <input type="text"/> | | 13372555032 | |
| | | | BU EMERGENCY ALERT CONTACT PHONE (NOTICE OF UNIVERSITY-WIDE EMERGENCY) | |
| | | | 13372555032 <input type="checkbox"/> MARK IF CELL PHONE | |

| # | COLLEGE | COURSE NUMBER | SECTION | CREDIT HRS | AUDIT | COURSE TITLE |
|-----|---------|---------------|---------|------------|-------|---|
| EX. | CAS | CS 101 | A1 | 4 | — | INTRODUCTION TO COMPUTERS |
| 1 | CAS | MA 581 | | | | Probability |
| 2 | CAS | CS 506 | | | | Computational Tools for Data science |
| 3 | ENG | BF 527 | | | | Applications in bioinformatics |
| 4 | GRS | MA 681 | | | | Accelerated introduction to statistical methods |
| 5 | | | | | | |
| 6 | | | | | | |

STUDENT SIGNATURE _____ DATE _____

☐ 1974 Privacy Act Restrict Box.
See reverse side to restrict specific data.

Visit the Registrar's Office home page at www.bu.edu/reg to view the Class Schedule.

ADVISOR SIGNATURE _____ DATE _____
IF REQUIRED BY YOUR SCHOOL

View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink/

REGISTRAR'S COPY

Directory Information Restriction

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/registrar.

The University has designated certain types of personally identifiable information as "Directory Information." A list of this information is set forth 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.

To control access to your Academic Information, you must use the Consent to Disclosure feature on the Student Link.

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.

Name: _____

BUID or SS Number: _____

Check to restrict:

- ☐ Academic program (degree, major, minor)
- ☐ Dates of attendance, Full-time / Part-time status
- ☐ Degrees, honors, and awards received
- ☐ Email Directory Look up
- ☐ Local address and primary contact phone number
- ☐ School or College

Please return to:

Boston University Office of the University Registrar
881 Commonwealth Avenue, 2nd floor
Boston, MA 02215
Phone: 617-353-3612
Fax: 617-358-1689

Signature: _____

Date: _____