



Registration Form Summer Session 2011

Summer Session
419 Boston Ave.
Medford, MA 02155
617-627-2000 phone
617-627-4691 fax
(call to confirm receipt)

OFFICE USE ONLY	
Effective date	_____
SS approval	_____
Approval date	_____

Complete and return this form to Susan Eisenhauer, Communications & Media Studies Program, 95 Talbot Avenue, Medford, MA 02155.

Last name	First name	M.I.

E-mail (IMPORTANT: This is the primary means of university communications)	Gender (M/F)	Primary phone number

Tufts ID number	Date of Birth (mm/dd/yy)	Alternate phone number

Current address				
	Street	City	State	Zip
Summer address (if different)				
	Street	City	State	Zip
Permanent address (if different)				
	Street	City	State	Zip
				Country

If you are not a U.S. citizen, please fill out the following:

Country of citizenship: Permanent resident of U.S.? yes no Current visa type:

Do you need an I-20 from Tufts? yes no Are you transferring visa sponsorship to Tufts? yes no
 (Sent upon receipt of this form, \$50 registration fee and proof of funding) (Please attach copies of all previous I-20s)

Please indicate current academic status:

Tufts Undergraduate Visiting Undergraduate (please indicate home university) _____ SMFA undergraduate Tufts employee (or dependent of)

Tufts Graduate Visiting Graduate (please indicate home university) _____ No current academic affiliation (please indicate highest degree obtained) _____

COURSE NUMBER	AUDIT (Y/N)	CALL NUMBER	COURSE TITLE	COURSE COST	Instructor Approval
Total due					

STUDENT STATEMENT: I attest that the information I have submitted is true and accurate. By registering for courses at Tufts University, I agree to abide by all university policies and procedures, including those related to summer enrollment. I understand that if tuition payment is not made before the first day of classes, a hold may be put on my account, I may be dropped from my courses, my balance will be subject to late fees, and/or my balance may be submitted to a collection agency for action, with all associated costs charged to me. I understand that I am required to submit payment for summer courses, regardless of completion, unless I officially withdraw within published deadlines. If withdrawn from courses for nonpayment, I understand that a fee will be assessed should I seek reenrollment.

Student signature _____ Date _____