



Summer Session
108 Packard Ave.
Medford, MA 02155
617-627-3454 phone
617-627-3295 fax

Registration Form Summer Session 2009

OFFICE USE ONLY	
NO LATE FEES APPLY	
Effective date _____	Approval date _____
SS approval _____	Approval date _____

Complete and return this form with full payment to Susan Eisenhauer.

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 (or Social Security number)	Birth date (mm/dd/yy)	Alternate phone number
(You are asked to provide your Social Security number so that Tufts University can comply with IRS Form 1098-T reporting requirements. For more information see studentservices.tufts.edu/bursar/undergrad/taxinfo.htm)		

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? <input type="checkbox"/> yes <input type="checkbox"/> no	Current visa type: _____
Do you need an I-20 from Tufts? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you transferring visa sponsorship to Tufts? <input type="checkbox"/> yes <input type="checkbox"/> 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:

<input type="checkbox"/> Tufts Undergraduate	<input type="checkbox"/> Visiting Undergraduate (please indicate home university) _____	<input type="checkbox"/> SMFA undergraduate
<input type="checkbox"/> Tufts Graduate**	<input type="checkbox"/> Visiting Graduate (please indicate home university) _____	<input type="checkbox"/> Not currently affiliated with any academic institution (please indicate highest degree obtained) _____

COURSE NUMBER	AUDIT (Y/N)	CALL NUMBER	COURSE TITLE	COURSE COST	INSTRUCTOR APPROVAL

****Tufts graduate students must have advisor approval to register**

Nonrefundable registration fee	
Total due	

Graduate advisor's signature _____

Payment:

I have enclosed a check for the amount of \$ _____

STUDENT STATEMENT

I attest that the information I have submitted is true and accurate. By registering for courses at <https://aseonline.tufts.edu>, I agree to abide by all Tufts 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 _____