



Summer Session  
 Dowling Hall  
 419 Boston Avenue  
 Medford, MA 02155  
 617.627.2000 phone  
 617.627.4691 fax

## Tufts Summer Reduced Tuition Program Eligibility Confirmation Form

### Applicant Information

Last Name	First Name	M.I.	
E-mail Address	Tufts ID (if known)	Date of Birth (MM/DD/YYYY)	
Home Address	City	State	Zip

Are you currently enrolled in a degree or certificate program at Tufts University Yes    No

Have you received reduced tuition from this program prior to this application? Yes    No

Indicate the year/summer of this application \_\_\_\_\_

Anticipated course #1 \_\_\_\_\_

Anticipated course #2 \_\_\_\_\_

### Employer Information

Employer/Institution/Company Name	Type of business/activity		
Applicant's Current Title/Position			
Employer Address	City	State	Zip
Supervisor Name	Supervisor E-mail Address		

### Employer Verification

I am the applicant's supervisor or I am in a position to verify that the applicant is employed full-time at our institution or company at this time.

\_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_  
Date

### Applicant Certification

I certify that the information given on this form is complete and accurate. I request tuition reduction in the indicated summer term at Tufts University. I understand that only two relevant courses taken as a non-degree student may be transferred into a graduate program at Tufts University. Further, I acknowledge that I am responsible for any additional tuition and fee charges that accrue to me outside of this agreement, and will clear these charges – should any occur – when they are added to my Tufts University student account.

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_  
Date