



Summer Session
 108 Packard Ave.
 Medford, MA 02155
 617-627-3454 phone
 617-627-3295 fax
 (call to confirm receipt)

Add/Drop/Change Form Summer Session 2009

OFFICE USE ONLY

Effective date _____

SS approval _____ Approval date _____

Return this form with payment (if adding courses) to Tufts Summer Session. All changes will be processed per the date form is received at either Summer Session or Student Services. All refunds are subject to university refund policy and deadlines as found at ase.tufts.edu/summer.

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Last name _____ First name _____ M.I. _____

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E-mail address (IMPORTANT: This is the primary means of university communications) _____ Primary phone number _____

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Tufts ID number _____ Birth date (mm/dd/yy) _____ Alternate phone number _____

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Permanent address (if different) Street City State Zip Country

Please indicate current academic status:

<input type="checkbox"/> Tufts Undergraduate	<input type="checkbox"/> Visiting Undergraduate	<input type="checkbox"/> SMFA undergraduate	<input type="checkbox"/> Tufts employee (or dependent of)
<input type="checkbox"/> Tufts Graduate**	<input type="checkbox"/> Visiting Graduate	<input type="checkbox"/> No current academic affiliation	

SELECT CHANGE:			COURSE NUMBER	CALL NUMBER	COURSE TITLE	COST (added courses)	INSTRUCTOR APPROVAL (required for late adds)
<input type="checkbox"/> Drop	<input type="checkbox"/> Add/change to credit	<input type="checkbox"/> Add/change to audit					
<input type="checkbox"/> Drop	<input type="checkbox"/> Add/change to credit	<input type="checkbox"/> Add/change to audit					
<input type="checkbox"/> Drop	<input type="checkbox"/> Add/change to credit	<input type="checkbox"/> Add/change to audit					
<input type="checkbox"/> Drop	<input type="checkbox"/> Add/change to credit	<input type="checkbox"/> Add/change to audit					

	COURSE NUMBER	CALL NUMBER	COURSE TITLE	COST	DEAN APPROVAL
<input type="checkbox"/> Pass/fail (binding selection)					

****Tufts graduate students must have advisor approval for all Adds**

Graduate advisor signature _____

Additional course costs	
Late fee (if applicable)	
Total due	

Payment (required for any additional costs incurred):

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 _____