



Request for Summer Enrollment Status

Summer Session 2009

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

How did you hear about Tufts Summer Session? (Pick all that apply)		
Web search	Advertisement	Other
Keyword? _____	Where? _____	How? _____

OFFICE USE ONLY

SS Approval _____

Date _____

Complete and return this form with the \$50 nonrefundable registration fee to Tufts Summer Session. Within 5 business days you will receive an email with your ID number and online registration instructions. Returning students (since 2007) do not use this form; instead, register online at <https://aseonline.tufts.edu>

Last name	First name
	M.I.

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

Social Security number	Birth date (mm/dd/yy)	Gender (M/F)

(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 Country Phone

Summer address (if different from current)
Street City State Zip Country Phone

Permanent address (if different from current)
Street City State Zip Country Phone

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

Country of citizenship: _____ Permanent resident? 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)

Have you previously applied to or attended Tufts University?	<input type="checkbox"/> yes <input type="checkbox"/> no	Year applied: _____	Years attended: _____	Tufts degree obtained: _____
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Highest degree obtained: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	OFFICE USE ONLY
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Education History (including current activity): Institution	City, State, Country (if not U.S.)	Major	Degree Earned (or in process)	Degree Date

Check all Summer 2009 sessions in which you intend to enroll:

First (May 20-June 26)
 Second (June 30-August 7)
 12-week (May 20-August 7)

Registration fee payment:

I have enclosed a check for the amount of \$50.00

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 _____