



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

Special Topics Agreement Form

Summer Session 2009

To enroll in an independent study course, complete this form, including required approvals, and submit to Tufts Summer Session along with a completed Registration Form. **Independent study courses carry the same per-credit tuition charge as summer lecture courses.**

--	--

Last name

First name

--	--	--	--	--	--	--	--	--	--

Tufts ID number

Course will be completed in
 (check one):

First session
 (May 20 – June 26)

Second session
 (June 30 -- August 7)

12-week session
 (May 20 – August 7)

Course Title:

Describe in detail the content and format of the proposed independent study course, methods of evaluation of student work (papers, exams, oral presentations, etc.). Attach an extra sheet if necessary.

--	--

Student signature

Date

Credit to be earned: .5 1

Course number
 (assigned by department chair):

--	--

Supervising faculty last name

First name

As supervising faculty, I agree to supervise the above independent study, evaluate the student's work, and submit a final grade.

Supervising faculty signature

Date

As chair of the department, I approve this independent study.

Department chair signature

Date



Registration Form 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 Keyword? _____	Advertisement Where? _____	Other How? _____
------------------------------	-------------------------------	---------------------

OFFICE USE ONLY

Effective date _____

SS approval _____

Approval date _____

Complete and return this form with full payment to Tufts Summer Session.

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 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 (required for late registration)

Graduate advisor's signature _____	**Tufts graduate students must have advisor approval to register	Nonrefundable registration fee	\$50.00
		Late fee (if applicable)	
		Total due	

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 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 _____