

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 2010

**Tufts**  
SUMMER2010

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.**

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Last name

First name

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Tufts ID number

Course will be completed in  
(check one):

First session  
(May 26 - July 2)

Second session  
(July 6 - August 13)

12-week session  
(May 26 - August 13)

Course Title:

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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.

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Student signature

Date

Credit to be earned:

.5

1

Course number  
(assigned by department chair):

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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.*

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Department chair signature

Date

# REGISTRATION FORM

## SUMMER SESSION 2010

Don't use this form to register until May 14.

### GENERAL INFORMATION

This form is for late registration for college-level students.

### Checklist

Before mailing this form to the address below, please be sure to:

- Include your e-mail address.
- Complete all sections. U.S. citizens need not fill out citizenship section.
- Enclose course and registration fees.\* Make check or money order payable to the "Trustees of Tufts College."

\*Eligibility for a tuition refund is determined by the date the Summer Session office receives a signed Add/Drop/Change form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Gender:**  M  F  
**IMPORTANT: This is the primary means of university communications**

Tufts ID or SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
You are asked to provide your Social Security number in compliance with IRS Form 1098-T reporting requirements. For more information see: <http://uss.tufts.edu/bursar/taxinfo>  
mm/dd/yy

**Current Address:** \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

**Summer Address:** \_\_\_\_\_  
(If different from current) Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(If different from current) Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

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

Country of Citizenship: \_\_\_\_\_ Current Visa Type: \_\_\_\_\_

Do you need an I-20 from Tufts?  Yes  No Permanent Resident?  Yes  No  
If yes, we will send upon receipt of this form, \$50 registration fee, and proof of funding.

Are you transferring visa sponsorship to Tufts?  Yes  No  
If yes, please attach copies of all previous I-20s.

### ACADEMIC STATUS

Current academic status:  Tufts Undergraduate  SMFA Undergraduate  Tufts Employee (or dependent of)  
 Tufts Graduate  Visiting Undergraduate \_\_\_\_\_  
Advisor's Signature Required Home University

Visiting Graduate \_\_\_\_\_  No Current Academic Affiliation \_\_\_\_\_  
Home University Highest Degree Obtained

### REGISTRATION

Course Number	Audit (Y/N)	Call Number	Course Title	Course Cost	Instructor Approval (Required for late registration)
<b>Nonrefundable Registration Fee:</b>				<b>\$50.00</b>	
<b>Your course and registration fees are due with this form.</b>				Late Fee (if applicable):	
<b>Total Due:</b>					

Mail Form & Payment to:

**Tufts Summer Session**  
 108 Packard Avenue  
 Medford, MA 02155

E-mail: [summer@tufts.edu](mailto:summer@tufts.edu)  
 Phone: 617.627.3454  
 Fax: 617.627.3295

[ase.tufts.edu/summer](http://ase.tufts.edu/summer)

### 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: \_\_\_\_\_