

**Summer Session**

419 Boston Avenue
Medford, MA 02155
617-627-2000 phone
617-627-4691 fax

(Please call to confirm receipt)

OFFICE USE ONLY

Effective date _____

SS approval _____

Approval Date _____

ADMINISTRATIVE ACTION FORM**STUDENT INFORMATION**

Tufts ID Number (<i>if known</i>):	Last Name:	First Name:	Middle Initial:	Email Address: (IMPORTANT – This is the primary means of university communication)	
Date of Birth (MM/DD/YYYY):	Primary Phone Number:	Alternate Phone Number:			
Current Street Address:		City:		State:	ZIP Code:
Permanent Address (<i>if different</i>):		City:		State:	ZIP Code:
Please indicate current academic status:					
☐ Tufts Undergraduate	☐ Tufts Graduate	☐ SMFA Undergraduate	☐ Tufts employee (or dependent of)	☐ No current academic affiliation	☐ Visiting Undergraduate ☐ Visiting Graduate

COURSE INFORMATION

Registration or course adds require instructor approval if transacted on or after the first day of the summer term.

Select Change	Course Number	Call Number	Course Title	Course Cost	Instructor Approval (required for late adds)
☐ Drop ☐ Add/ Change to Credit ☐ Add/Change to Audit					
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☐ Drop ☐ Add/ Change to Credit ☐ Add/Change to Audit					
☐ Drop ☐ Add/ Change to Credit ☐ Add/Change to Audit					
	Course Number	Call Number	Course Title	Course Cost	Course Title
☐ Pass/Fail (binding selection)					
Registration Fee				\$60	
Applicable Late Fee					
Total Cost					

***Please see reverse for submission instructions and required signature field

ADMINISTRATIVE ACTION FORM

INSTRUCTIONS FOR SUBMITTING FORM

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

STUDENT STATEMENT (SIGNATURE REQUIRED)

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_____