Harvard Summer School 2000 Application Instructions

TO APPLY to the Harvard Summer School, you must complete Form A of the application form and mail it with a $35 nonrefundable application fee to: Student Financial Services, Harvard Summer School, 51 Brattle Street, Cambridge, MA 02138-3722 USA; or you may drop it in the 24-hour registration box at that address. If you are paying by credit card, you may either use our website (www.summer.harvard.edu) or fax your form with credit card authorization to (617) 495-2921. You should call (617) 495-3660 the next business day to confirm fax receipt. Do not send your original form as backup. The Summer School is not responsible for forms that are lost in the mail or not received by fax or over the Internet.

FULL PAYMENT IS DUE BY JUNE 7. Students who apply after June 7 must include full payment of tuition and fees. Students who apply or complete payment after June 7 will be assessed a $50 late fee; students who apply or complete payment after June 25 will be assessed a $100 late fee. Housing assignments and space in limited-enrollment courses may not be held for students who have not paid in full by June 7. Please do not send cash through the mail.

Your **SOCIAL SECURITY NUMBER** is required in order for the Summer School to comply with the Taxpayer Relief Act of 1997. If you prefer that it not be used for student identification purposes, send a written request to the Registrar's Office, 51 Brattle Street, Cambridge, MA 02138-3722, USA. If you have no Social Security number, leave this section blank.

HOUSING APPLICANTS must include Form H and a $640 housing prepayment, $320 of which is nonrefundable.

HEALTH INSURANCE. All Summer School students are required to have health insurance provided by a US insurance company. Students who do not indicate on their application form that they have such coverage will be enrolled automatically in the health insurance plan offered by the Summer School and charged the $95 insurance premium.

INTERNATIONAL APPLICANTS (not US citizens or permanent residents) must include Form F. Students who will be attending Harvard Summer School while on visas must comply with Massachusetts Immunization Regulations. They must submit Form IM or receive required inoculations on arrival.

I–20 CERTIFICATE APPLICANTS must submit Form F and register for a full-time program of study (8-units or IEL S-SSP). Students whose application materials are received after May 12 may have difficulty obtaining an F-1 visa in time for the start of Summer School.

INSTITUTE FOR ENGLISH LANGUAGE PROGRAMS APPLICANTS. IEL S-B50 and IEL S-D50 applicants must submit a copy of their acceptance letter from an English-language MBA, architecture, or design program for fall 2000. Students applying to an IEL Evening Program specialized course should list an integrated skills course as an alternate.

HIGH SCHOOL STUDENTS, including those graduating this year, must apply through the Secondary School Program and must submit the special Secondary School Program application form, or the four-week Secondary School English Language Program application form. Those forms can be requested by calling (617) 495-3192.

HARVARD UNIVERSITY EMPLOYEES who qualify for the Harvard Tuition Assistance Plan (TAP) must include a completed TAP form and TAP fee with their application form. Students registering for graduate credit also must include the appropriate graduate tax forms.

HARVARD COLLEGE STUDENTS who have withdrawn or are on leave must submit a Senior Tutor form to the Summer School Registrar's Office. Forms may be obtained by calling (617) 495-9522.

Key to Harvard school abbreviations: BUS (Business School), DEN (School of Dental Medicine), DES (Graduate School of Design), DIV (Divinity School), EDU (Graduate School of Education), GOV (John F. Kennedy School of Government), GSA (Graduate School of Arts and Sciences), HC (Harvard College), LAW (Law School), MED (Medical School), SPH (School of Public Health).

ADDITIONAL APPLICATION FORMS may be downloaded from our website: www.summer.harvard.edu.

WEB/FORM A

Harvard Summer School 2000 Application Form

US SOCIAL SECURITY NUMBER (if available)

PROGRAM:

- ❑ (GP) General Program
- ❑ (ED) IEL S-DAY
- ❑ (EB) IEL S-B30
- ❑ (HB) IEL S-B50
- ❑ (HD) IEL S-D50
- ❑ (EE) IEL Evening Program
- ❑ (PR) Proctor
- ❑ (RF) Rising Freshman
- ❑ (UI) Ukrainian Institute
- ❑ (MA) ANTH S-132
- ❑ (OT) NELC S-140
- ❑ (AE) NELC S-198

PLEASE PRINT OR TYPE ALL INFORMATION

NAME

Last (family name)	First	Middle

PERMANENT ADDRESS (grades will be sent here) (PR)

Street and number		
City	State/Province	Zip/Postal code
Country, if not US	Telephone number (including area/country code)	

PRESENT MAILING ADDRESS (if different from permanent address) (MA)

Street and number	Good until: (Month–Day–Year)	
City	State/Province	Zip/Postal code
Country, if not US	Telephone number (including area/country code)	

EMERGENCY NOTIFICATION INFORMATION (EM)

First name	Last name	
Street and number		
City	State/Province	Zip/Postal code
Country, if not US	Telephone number (including area/country code)	

E-MAIL ADDRESS (SEL)

HEALTH INSURANCE: (Required for all students.)

❑ I have US health insurance. The name of my insurance company and my policy number are:

Company name _____ Policy number _____

(Students who do not have US health insurance will be enrolled in the Summer School plan and charged the $95 premium.)

SEX:

- ❑ Male
- ❑ Female

DATE OF BIRTH: Month Day Year

CITIZENSHIP (check one):

- ❑ (Y) US citizen
- ❑ (P) US permanent resident
- ❑ (F) International student (You must include Form F with this form.)

Will you be attending Harvard Summer School on a visa?
No ❑ Yes ❑ (If "Yes," you must submit Form IM.)

ETHNIC CODE (voluntary; US citizens and permanent residents only):

- ❑ (1) Black Non-Hispanic
- ❑ (2) Native American
- ❑ (3) Asian or Pacific Islander
- ❑ (4) Hispanic
- ❑ (5) White Non-Hispanic

EDUCATION (check highest level as of 6/2000):

- ❑ (1) Some high school
- ❑ (2) High school diploma
- ❑ (3) Some college
- ❑ (4) Associate's degree
- ❑ (5) Bachelor's degree
- ❑ (6) Master's degree
- ❑ (7) Doctorate

HARVARD STUDENTS: Harvard Extension School students do not need to complete this section. (*Senior Tutor Form required)

A. Harvard ID number:

B. Status (check one):

- ❑ (C) Current degree candidate
- ❑ (N) New candidate, 2000–01
- ❑ (G) Graduate, 1999–2000
- ❑ (S) Special student
- ❑ (W) Withdrawn*
- ❑ (L) On leave*

C. School:

❑ BUS ❑ DEN ❑ DES ❑ DIV ❑ EDU ❑ GOV
❑ GSA ❑ HC ❑ LAW ❑ MED ❑ SPH

STUDENTS FROM OTHER COLLEGES AND UNIVERSITIES: Write your school name and CEEB code, city, state, and country (if foreign) below.

School name _____ CEEB code

City _____ State/Province _____ Country, if not US

US SOCIAL SECURITY NUMBER (if available)								

NAME		
Last (family name)	First	Middle

COURSES: 8 units is the maximum course load.

5-DIGIT COURSE REFERENCE NO. (CRN)	OFFICE USE	SUBJ.	SUBJ. NO.	COURSE TITLE	CREDIT STATUS* (UN, GR, NC)	TUITION
			S-			
			S-			
			S-			

***CREDIT STATUS CODES:**
UN = Undergraduate
GR = Graduate
NC = Noncredit

Nonrefundable application fee	**$ 35**
Housing prepayment (if applicable)	**$ 640**
Late fee (after June 7)	
TOTAL DUE	

ALTERNATE COURSE SECTION: List alternates here for IEL evening program sections and all other limited-enrollment courses.

IF THIS COURSE IS CLOSED,	REGISTER ME IN THE FOLLOWING ALTERNATE COURSE:				CREDIT STATUS
5-DIGIT COURSE REFERENCE NO. (CRN)	5-DIGIT COURSE REFERENCE NO. (CRN)	SUBJ.	SUBJ. NO.	COURSE TITLE	(UN, GR, NC)
			S-		
			S-		

PAYMENT: Make checks payable to Harvard Summer School.
Full payment is due by **June 7.**

❑ Amount enclosed: $_____

❑ Amount being wired: $_____ Date wire sent: _____

Originating bank name: _____

❑ I authorize Harvard Summer School to charge my credit card in the amount indicated in the Total Due box.

❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

CREDIT CARDHOLDER'S BILLING ADDRESS

Street and number

City State/Province Zip/Postal code

Country, if not US Telephone number

Card number

_____/_____
Expiration date

Cardholder's name (please print) _____

Cardholder's signature _____

STUDENT SIGNATURE: I accept full responsibility for the information submitted on this form and agree to abide by the policies and procedures printed in the Summer School 2000 catalogue and student handbook.

Signature Date

WEB/FORM F

Harvard Summer School 2000

International Student Information Form & I-20 Application Form

Submit this form if you are not a US citizen or a US permanent resident, whether or not you need an F-1 student visa to attend Harvard Summer School. Before completing this form, please review the visa information on pages 83-84 of the Summer School catalogue.

PLEASE PRINT OR TYPE ALL INFORMATION

NAME		
Last (family name)	First	Middle

COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	NATIVE LANGUAGE

DO YOU NEED AN I-20 CERTIFICATE OF ELIGIBILITY FOR AN F-1 STUDENT VISA?

❑ No (If no, you may stop here.) ❑ Yes (If yes, you must complete the rest of this form.)

DATE OF BIRTH:

Month ☐☐ Day ☐☐ Year ☐☐

I-20 MAILING ADDRESS (IM)		
Street and number		
City	State/Province	Zip/Postal code
Country, if not US	Telephone number (including area/country code)	

Are you **currently** studying full time at another US institution? ❑ Yes ❑ No

If yes, print school name: _____

If yes, are you studying on an F-1 student visa? ❑ Yes ❑ No

If yes, will you return as a full-time student to that institution in the fall? ❑ Yes ❑ No

I-20 admission number: _____

Do you plan to **begin** studies at another US institution in fall 2000? ❑ Yes ❑ No

Have you been **admitted** to a program of research or study at Harvard for the 2000 fall term? ❑ Yes ❑ No

If yes, what is the name of the school or program? _____

Have you requested a visa document from that school or department? ❑ Yes ❑ No

Will your husband/wife or children travel with you? ❑ No ❑ Yes ❑ spouse _____children
Number

If yes, please enclose a letter that includes the following information for each family member who will be traveling with you: name, date of birth, country of birth, relationship to you.

Financial requirements. Students must have $7,600–$8,600 to cover tuition, room and board, and medical insurance, if applicable (paid in advance); books, and personal expenses. Students who are accompanied by other family members will need an additional $1,245 for each adult and $805 for each child for the eight-week period (including $95 medical insurance that may be purchased through the Summer School). The estimate does not include travel expenses.

I certify that the information above is complete and correct and that I am aware of the costs of the program of study for which I am applying (tuition, fees, living expenses, etc.) and understand that I must have sufficient funds to meet my Harvard Summer School expenses.

Signature _____ **Date** _____

(If under 18 years of age, parent or guardian must sign.)

See page 84 of the Summer School catalogue for information about Massachusetts immunization regulations. Mail by May 31 (and keep a copy) or submit on arrival.

WEB/FORM IM

Harvard Summer School 2000

Immunization Certificate

Massachusetts State law requires that students on visas be immunized against certain communicable diseases. To comply, you must complete this form and submit it to the Summer School before the start of classes. Forms may be mailed (keep a copy) by May 31 to Immunizations, c/o Registrar's Office, Harvard Summer School, 51 Brattle Street, Cambridge, MA 02138-3722 USA, or submitted in person during Opening Weekend. Students who do not complete this form will receive the required inoculations free of charge.

PLEASE PRINT OR TYPE ALL INFORMATION

NAME		
Last (family name)	First	Middle

DATE OF BIRTH:
Month Day Year

STUDENT ID NUMBER (if known)

REQUIRED IMMUNIZATIONS: Please record the date of immunizations, boosters, or tests:

Measles (Rubeola) Two live immunizations on or after the first birthday, at least 30 days apart in 1969 or later	First: ____/____/____ month day year Check type given: ❑ MMR ❑ Measles	Second: ____/____/____ month day year Check type given: ❑ MMR ❑ Measles	***or*** Positive Serological Test ____/____/____ month day year
Mumps One immunization on or after the first birthday in 1969 or later	____/____/____ month day year		***or*** Positive Serological Test ____/____/____ month day year
Rubella (German Measles) One immunization on or after the first birthday in 1969 or later	____/____/____ month day year		***or*** Positive Serological Test ____/____/____ month day year
Tetanus-Diphtheria One booster within the last ten years	____/____/____ month day year		

Signature of licensed health care provider **(required)** Please print name Date

Address Telephone number (including area/country code)

The only circumstances under which you may be exempted from these Massachusetts Immunization regulations are:

- if you provide written certification from your physician that your health would be endangered by one or more of the immunizations (in this case you must submit laboratory evidence of immunity to measles, mumps, and rubella.); OR
- if you state in writing that the required immunizations would conflict with your religious belief.

WEB/FORM H

Harvard Summer School 2000

Housing Application Form

To apply for on-campus housing, complete this form and mail it with your Summer School application form and the $640 housing prepayment. The remaining balance of $2,260 is due by June 7. Students who cancel housing by June 7 will receive a $320 refund of their housing prepayment; after June 7, the entire prepayment is nonrefundable. Please note that requests for specific roommates cannot be accommodated.

PLEASE PRINT OR TYPE ALL INFORMATION

US SOCIAL SECURITY NUMBER (if available)								

NAME		
Last (family name)	First	Middle

SEX: ❑ Male ❑ Female **PRIMARY LANGUAGE:** ❑ English ❑ Other _____

MEDICAL ACCOMMODATIONS: Requests for housing accommodations will be considered for students who have a documented disability. To request accommodations you must describe below the nature of your disability and how it affects your housing needs. You must also provide current clinical documentation from a certified medical professional. Your documentation must include the nature of your disability and the recommended accommodation. Please submit your medical documentation with this form. If you are unable to include your documentation, please arrange to have it sent **immediately** to Christopher Jones, Disability Services, Harvard Summer School, 51 Brattle Street, Cambridge, MA 02138-3722 USA, or fax it to (617) 495-3662. Housing cannot be assigned without acceptable documentation. You may call Christopher Jones at (617) 495-0977 or (617) 495-9419 (TTY) for more information.

Please describe below your disability and the housing accommodation you are requesting.

_____

_____

_____

_____

❑ My documentation is enclosed.

❑ I have arranged to have my documentation sent immediately to Christopher Jones, Disability Services Office.

RESIDENCE CONTRACT/MEDICAL RELEASE: Housing will not be assigned without student signature below.

I hereby request room and board at Harvard University during the summer session and understand that my occupancy is conditional upon continued enrollment in the Harvard Summer School, the payment of all charges, and compliance with the rules and regulations established by the University. I also understand that the Summer School reserves the right to make any changes in room assignments that it deems advisable, and that my occupancy may be terminated by the University, upon 24 hours notice, if the foregoing conditions are not met.

By my signature I agree to the terms of the above contract and I authorize Harvard University Health Services to release to Harvard Summer School information pertaining to services rendered, for the purpose of third-party insurance billing. I understand that information released will be limited to that required for billing and held in strict confidence.

Signature _____ Date _____