APPLICATION FOR SUMMER TUTORIAL COURSE

Name_____ ID # _____
Last First

(Circle one) FR SO JR SR GR Major _____ Advisor's Name _____

Home address_____
Street City State Zip

Summer address _____Cell #_____

Caption	Course #	Credit hours	C o u r s e Title	Start date	End date

Schedule for meeting with student: _____

Course Withdrawal

All summer school withdrawals must be made by sending an e-mail to Dr. Jaye L. Rogers, the Director of Summer School, at jlrogers2@anderson.edu. The official date of withdrawal will be the date the contact is made with Dr. Rogers. In order to obtain a full refund for course(s) dropped, contact must be made prior to the start date. Students withdrawing after the start date of the course may be entitled to a partial tuition refund depending on the date of official withdrawal. Students affiliated with the Department of Adult Studies must contact that office if they want to withdraw from a course.

AGREEMENT BY STUDENT: I have received a copy of the financial aid application from my financial services counselor and a copy of the syllabus from the instructor.

STUDENT'S SIGNATURE_____DATE _____

AGREEMENT BY INSTRUCTOR: **A copy of the syllabus has been provided to the student. A copy is also attached to this syllabus or has been sent electronically to the Director of Summer School.**

INSTRUCTOR'S SIGNATURE_____ DATE_____

DEPARTMENT CHAIR'S SIGNATURE_____ DATE_____

DIRECTOR OF SUMMER SCHOOL'S SIGNATURE_____ DATE:_____
(Located in Decker 366)