



## 2009 IEL Evening Program Registration Instructions and Checklist

You may register online at [www.summer.harvard.edu](http://www.summer.harvard.edu) or by submitting all required paper forms with an initial payment of \$50 nonrefundable registration fee until Tuesday, June 16, when full payment is due. After June 16, if you have not paid in full, you will be assessed a \$100 late fee. If you have an overdue balance, you risk losing your space in limited-enrollment courses. When registering during late registration (Wednesday, June 17–Thursday, June 25), you must pay full tuition and fees, including a \$100 late fee, at the time of registration.

### Instructions

**Institute for English Language Programs (IEL) registrants** must be 18 years old by July 1, 2009. Students registering for the IEL Evening Program courses, who did not take a post-test in a spring 2009 IEL class, must first take the Harvard University English language placement test at one of the times listed online and then register. Students planning to take one of the placement tests offered before June 21 must reserve a seat online in advance. Students registering for the IEL Evening Program are encouraged to take a placement test before June 21.

To register for an IEL Evening Program course, you must complete Form IEL A-EVE, Form IEL P-EVE (Registration Payment Form), and submit them with a nonrefundable \$50 registration fee to Harvard Summer School, 51 Brattle Street, Cambridge, MA 02138-3722 USA. The Summer School is not responsible for forms that are lost in transit. When completing registration forms, please clearly print all the information and write your legal name on every form. Be sure to sign and date those forms that require your signature. Additional forms may be downloaded from the Summer School website.

**Insurance.** All Summer School students are required to have health insurance provided by a US health insurance company. Students who do not indicate on Form A that they have such coverage are enrolled in the insurance plan offered by the Summer School and charged the premium. Students with other coverage should have their insurance identification cards with them at Summer School.

**Payment. The nonrefundable \$50 registration fee and completed payment form must be submitted with your registration form.** The remaining balance must be paid by June 16. If you register or complete payment after June 16, you are assessed a \$100 late fee. All payments must be in US currency, payable through US banks. Checks should be payable to Harvard Summer School. MasterCard, Visa, American Express, and Discover are accepted, provided that the name on the credit card is that of the student registering or written permission from the cardholder is enclosed. If you are paying by credit card, please use a card without a daily charge limit. Payment also may be made online at [www.summer.harvard.edu](http://www.summer.harvard.edu) (with a credit card or echeck) or through interbank wire. Wire payments should be sent no later than Friday, May 15, to meet the deadline for full payment.

### Checklist

- FORM IEL A-EVE: Harvard Summer School 2009 Registration Form.** Your US Social Security/Taxpayer ID number (if available) is requested for identification purposes and for the Summer School for compliance with the US Taxpayer Relief Act of 1997. If you do not have a Social Security/Taxpayer ID number, leave this section blank.

**All Summer School students are required to have health insurance provided by a US health insurance company.** If you do not indicate on Form IEL A-EVE that you have such coverage, you will be enrolled in the insurance plan offered by the Summer School and charged the premium.

- FORM IEL P-EVE: Registration Payment Form.** This form must be completed and submitted with your payment and Form IEL A-EVE for your registration to be processed.
- FORM IEL IM-EVE: Immunization Certificate.** If you will attend Harvard Summer School while on any kind of visa, you must comply with Massachusetts immunization regulations and provide proof of immunization against certain communicable diseases. You must have FORM IEL IM-EVE completed and signed by your health care provider and submit it to the Summer School by May 26, or you must receive the required inoculations at your own expense when you arrive at Harvard.



# 2009 IEL Evening Program Registration Form

PLEASE CLEARLY PRINT ALL INFORMATION

<b>DCE ID NUMBER</b> (if known)	<b>IEL PROGRAM</b>
@	<input type="checkbox"/> IEL S-EVE (EE)

(see www.summer.harvard.edu/login if unsure)

LEGAL NAME (as it appears on your passport)		
Last (family name)	First	Middle

<b>E-MAIL ADDRESS (SEL)</b>	
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PRESENT MAILING ADDRESS (MA)			
Street and number		Good until: (Month—Day—Year)	
City	State/Province	Zip/Postal code	
Country (if not US)	Telephone number (area/country code)	Cell phone number (area/country code)	

PERMANENT ADDRESS (if different from present mailing address) (PR)			
Street and number			
City	State/Province	Zip/Postal code	
Country (if not US)	Telephone number (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 (area/country code)		

<b>US SOCIAL SECURITY/TAXPAYER ID NUMBER</b> (if available)*

<b>DATE OF BIRTH</b> (example: DEC   01   1990)
Month (MMM)    Day (DD)    Year (YYYY)

<b>SEX</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female

\*Your US Social Security (SSN)/Taxpayer ID Number (TIN) is required to comply with the Taxpayer Relief Act of 1997. If you have no SSN/TIN then leave this section blank.

<b>CITIZENSHIP</b> (check one)
<input type="checkbox"/> (Y) US citizen <input type="checkbox"/> (P) US permanent resident <input type="checkbox"/> (F) International student (You must include Form F with this form.) Country of citizenship _____ Primary language _____ Will you be attending Harvard Summer School on a visa? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," you also must submit Form IM.)

<b>ETHNIC CODE</b>
(voluntary; US citizens and permanent residents only)
<input type="checkbox"/> (1) Black Non-Hispanic <input type="checkbox"/> (2) Native American <input type="checkbox"/> (3) Asian or Pacific Islander <input type="checkbox"/> (4) Hispanic <input type="checkbox"/> (5) White Non-Hispanic

HEALTH INSURANCE (required for all students)	
<input type="checkbox"/> 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 are enrolled in the Summer School plan and charged the premium.)	

LEGAL NAME (as it appears on your passport)		
Last (family name)	First	Middle

EDUCATION (check highest level as of 6/2009)	
<input type="checkbox"/> (1) Some high school	<input type="checkbox"/> (2) High school diploma
<input type="checkbox"/> (5) Bachelor's degree*	<input type="checkbox"/> (6) Master's degree*
<input type="checkbox"/> (3) Some college	<input type="checkbox"/> (7) Doctorate*
<input type="checkbox"/> (4) Associate degree* * or equivalent foreign degree	

HARVARD DEGREE CANDIDATES	
<b>School (check one):</b> <input type="checkbox"/> Harvard College <input type="checkbox"/> BUS <input type="checkbox"/> DEN <input type="checkbox"/> DES <input type="checkbox"/> DIV <input type="checkbox"/> EDU <input type="checkbox"/> GOV <input type="checkbox"/> GSAS <input type="checkbox"/> LAW <input type="checkbox"/> MED <input type="checkbox"/> SPH	<b>Harvard College student status (check one):</b> <input type="checkbox"/> (C) Active degree candidate <input type="checkbox"/> (W) Degree candidate withdrawn** <input type="checkbox"/> (L) Degree candidate on leave** <input type="checkbox"/> (N) New candidate, 2009–10 <input type="checkbox"/> (G) Graduate, 2008–09 <input type="checkbox"/> (S) Special student <b>** Allston Burr Resident Dean form required</b>

STUDENTS FROM OTHER US COLLEGES AND UNIVERSITIES					
School name _____	CEEB code (if known) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>				

COURSES: 2 courses is the maximum course load.					
5-digit course reference no. (CRN)	Subject	Subject number	Course title	Credit status (NC = Noncredit)	Tuition
	IEL	S-		NC	\$725
	IEL	S-		NC	\$725
<b>Nonrefundable registration fee</b> (required for registration)					<b>\$ 50</b>
<b>Health insurance fee</b> (if applicable) \$165					<b>\$</b>
<b>Late fee</b> (after June 16)					<b>\$ 100</b>
<b>TOTAL DUE</b> (to be included with Form IEL P-EVE)					<b>\$</b>

<p><b>STUDENT SIGNATURE:</b> I accept full responsibility for the information submitted on this form and certify that it is true and accurate. I also agree to abide by Harvard Summer School policies and procedures in the 2009 Summer School catalogue, student handbook, and website. Forms without the student's signature on this line may not be processed.</p> <p>Signature _____ Date _____</p>
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**Required payment and Payment Form IEL P-EVE must be submitted with this registration form before your registration can be processed.**



# 2009 IEL Evening Program Registration Payment Form

PLEASE CLEARLY PRINT ALL INFORMATION

**Note:** Summer School online services, [www.summer.harvard.edu/login](http://www.summer.harvard.edu/login), allows you to make payments online. If online payments cannot be made, please complete this form.

**FULL PAYMENT IS DUE BY JUNE 16.** Students who complete payment after June 16 will be assessed a \$100 late fee. Space in limited-enrollment courses may not be held for students who have not paid in full by that day. Students who plan to complete payment during Opening Weekend should pay with travelers checks, as some credit cards cannot be processed during weekend hours.

DCE ID NUMBER (if known)									
@									
<small>(see <a href="http://www.summer.harvard.edu/login">www.summer.harvard.edu/login</a> if unsure)</small>									

DATE OF BIRTH (example: DEC   01   1990)						
<small>Month (MMM)</small>		<small>Day (DD)</small>		<small>Year (YYYY)</small>		

LEGAL NAME (as it appears on your passport)		
Last (family name)	First	Middle

PRESENT ADDRESS			
Street and number			
City	State/Province	Zip/Postal code	
Country (if not US)	Local daytime phone number (area/country code)		
E-mail address			

### Payment type (check one):

- Cash
- Check\*
- Money order\*
- Credit card (see below)

\* Please make checks payable to Harvard University.

- Wire: Amount being wired: \$ \_\_\_\_\_ Date wire sent: \_\_\_\_\_

Name of person sending/originating wire (if not the student): \_\_\_\_\_

- I am a Harvard Extension School or Harvard College student with financial aid.

### Payment by Credit Card

AUTHORIZATION Please be sure to check the authorization box and enter the amount to be charged.	
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$ _____.	

CARD	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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CARD NUMBER	EXPIRATION DATE (MMM/YYYY)	SECURITY CODE <sup>†</sup>

CARDHOLDER'S SIGNATURE

CARDHOLDER'S NAME (PLEASE PRINT)

CARDHOLDER'S BILLING ADDRESS		
Street and number		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number	

<sup>†</sup>The credit card security code is found either on the back of the card, as the last three digits at the end of the credit card number printed on the signature strip, or as a four digit code found above and to the right of the credit card number.

<b>I certify that all of the above information is true and complete to the best of my knowledge.</b>	
Signature _____	Date _____

