CHECKLIST

Return the following forms and payments to the Summer Term office:

- Letter of Intent
- Registration Form
- Directory Information Restriction Form (optional)
- Payment: See section on Total Charge & Refund Policy
- Parental Acknowledgement, Consent, & Release
- Media Release
- Medical Forms
  - Immunization and Physical Form
  - Immunization Record Form
  - Meningococcal Waiver and Tuberculosis Record
  - Health History Form
  - Medical Insurance Information
    *Please send a photocopy of the front/back of your medical insurance card.*

- Waiver of Liability for BU Fitness and Recreation Center
- Music Practice Room Request Form (optional)

Email (summerhs@bu.edu) is the preferred method to receive these forms. You can also fax or mail them to:

**Fax:** 617-358-0646  
**Mailing Address:**  
Boston University Summer Term  
Summer Challenge Program  
755 Commonwealth Avenue, Room B05  
Boston, MA 02215

**Please note:** The “Residence License Agreement” is an online housing contract that must be signed by all students. Information on how to access this document will be emailed to you at a later date.

If you have any questions, please contact our office by phone at 617-353-1378 or via email at summerhs@bu.edu.

We look forward to meeting you and sharing in your Boston University summer experience.
BOSTON UNIVERSITY SUMMER CHALLENGE PROGRAM

LETTER OF INTENT

Please indicate whether or not you plan to attend the 2016 Summer Challenge Program. Once you have completely filled in the appropriate fields, return this form to our office via email (summerhs@bu.edu), fax (617-358-0646), or mail (755 Commonwealth Avenue, Room B05, Boston, MA 02215).

____ YES, I plan to attend the 2016 Summer Challenge program. Please circle the session(s) you will be attending. Session(s) Attending: 1 (June 19 – July 1)  2 (July 10 – July 22)  3 (July 24 – August 5)

1. Dormitory curfew is 11:00 pm Sunday-Thursday and 12:00 am Friday-Saturday. All students must be in their dormitories by curfew.
2. Students may not enter the dormitory floor and rooms of students of the opposite sex.
3. All planned activities are mandatory unless otherwise noted.
4. To leave campus during their free time, students must be accompanied by another program participant and must inform their Program Assistant.
5. In order for a student to leave with family or friends who are NOT in the Program during free time, the student’s parent or legal guardian must provide written permission to the Program office (via email: summerhs@bu.edu) at least 48 hours in advance. A student is only authorized to leave once the Program office gives permission and sends the student’s parent or guardian a confirmation email. Overnight absences are not permitted.
6. Any student found in possession of, under the influence of, in the presence of, and/or suspected of having consumed illicit drugs or alcohol at any time during the Program will be removed from the Program immediately and may face other University and Program sanctions. The student will have 24 hours to make arrangements to leave the dormitory and return home. The student’s parent or guardian will be notified and is responsible for bringing their child home within the 24 hour time period.
7. Students are expected to act respectfully toward program staff and other participants.
8. Any student who vandalizes or steals Boston University property will be removed from the Program and will be required to reimburse the university for the cost of repairing or replacing the property.
9. Any form of discrimination, harassment, or pranking constitutes unacceptable behavior and may result in removal from the program.
10. No refund of tuition or program fees will be given for any student who is removed from the Program for violating the rules. The student will be sent home at the parents’ expense.

I have read and fully understand the rules and regulations listed above and in the Program Guidelines packet.

Student Name_________________________       Student Signature _____________________________

Parent/Guardian Signature_________________________       Date_________________________

Roommate Request (optional) ___________________________________________________________

Reason not attending _________________________________________________________________

____ NO, I have made other plans and will not be attending the 2016 Summer Challenge program.

Roommate requests must be mutual, listed on each student’s Letter of Intent, and received by Summer Term no later than Wednesday, June 1, 2016 to be considered.
### Home Address
- **Street & City**: 
- **State**: 
- **Zip**: 
- **Country (if foreign address)**: 

### Local Address
- **Street & City**: 
- **State**: 
- **Zip**: 
- **Ethnicity** (Required for government reports)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White (including Middle Eastern)
- **Are you Hispanic / Latino?**
  - Yes
  - No

### BU Emergency Alert Contact Phone
- **Student Cell Phone**: 

### College Courses
<table>
<thead>
<tr>
<th>Course Number</th>
<th>Section</th>
<th>Credit Hours</th>
<th>Days</th>
<th>Times</th>
<th>Audit</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MET 15 050</td>
<td>S B1</td>
<td>4</td>
<td>MW</td>
<td>9 - 11</td>
<td></td>
<td>Summer Challenge 2</td>
</tr>
</tbody>
</table>

### Student Information
- **Last Name**: 
- **First Name**: 
- **Middle Initial**: 
- **Date of Birth**: 
- **Sex**: 
  - M = Male
  - F = Female
- **Social Security Number**: Not required

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

[Box for Local Address same as Home Address]

[Box for Person to Notify in a Personal Emergency]

[Box for USE NAME AS CELL PHONE]

[Box for 1974 Privacy Act Restrict Box]

See reverse side to restrict specific data.

Visit the Summer Term home page at www.bu.edu/summer to view an updated version of the Class Schedule.

View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink.
Directory Information Restriction

Use this form to manage public access to your data at Boston University

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University’s FERPA policy, please refer to the Registrar’s Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as “Directory Information.” A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Name: ____________________________  
BUID or SS Number: Not required

Check to restrict:

___ Local Address and BU Directory Phone Number: If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.

___ Email Directory Lookup: If restricted, your email address will not be listed in the BU on-line directory.

___ School or College: If restricted, this information will not be released to anyone outside BU.

___ Academic Program (Degree, Major, Minor): If restricted, this information will not be released to anyone outside BU.

___ Dates of Attendance, Full/Part-time Status: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

___ Degrees, Honors, and Awards Received: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

___ Commencement Program: If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.

___ Bostonia Yearbook: If restricted, your name will not appear in the BU Yearbook when you graduate.

Please return to:
Boston University Office of the University Registrar
881 Commonwealth Avenue, 2nd floor
Boston, MA 02215
Phone: 617-353-3612
Fax: 617-358-1689

Signature: ____________________________  
Date: ____________________________
SUMMER CHALLENGE
TOTAL CHARGE & REFUND POLICY

Total Charge: $3,800

The Summer Challenge total charge includes tuition, housing, and all meals in the dining hall. It also includes textbooks and all sponsored activities during the two-week program.

The $50 application fee and spending money are not included in the total charge. You may also sign up for a two-week membership to the Fitness and Recreation Center for an additional fee when you arrive on campus.

Methods of Payment:
Please make one payment for the total charge listed above.

- If you choose to pay using a credit card, please use the following link [www.bu.edu/payment](http://www.bu.edu/payment). You will need your Boston University ID number, which you will receive by email within three weeks of receipt of your Letter of Intent and Registration Form.

- If you choose to pay by check, please make the check payable to Boston University. Please write the student’s name, BU ID number, and ‘SC’ on the memo line. Checks can be mailed to our office.

- If wiring money from a foreign bank, please visit our website (below) to find more information on the two approved vendors: peerTransfer/Flywire and Western Union Business Solutions.

[http://www.bu.edu/summer/high-school-programs/summer-challenge/how-to-pay.shtml](http://www.bu.edu/summer/high-school-programs/summer-challenge/how-to-pay.shtml)

NOTE: No refund or reduction in the total charge will be made for a student who arrives late, leaves early, attends only part of the program, or is dismissed for disciplinary purposes.

Payment is due by May 16, 2016
(unless otherwise indicated in your acceptance materials)
Name of Student: ________________________________

1. I hereby consent to the participation of the child named above in all activities of the Summer Challenge Program (“the Program”) being sponsored by the Summer Term office of Boston University.

2. I understand, recognize, and acknowledge that this Program involves activities such as attending classes, participating in laboratory activities, and participating in recreational events and field trips that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child’s participation in or travel to and from the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the “University”) and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys’ fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

________________________________________________________
Signature

______________________________________________________________________
Name (Printed) & Relationship to Student

______________________________________________________________________
Street Address

______________________________________________________________________
City/State

______________________________________________________________________
Telephone

Dated: ________________________________
MEDIA RELEASE

I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University’s World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release Boston University from all liability with respect to the matters covered by this release.

_________________________  _________________________
Date  Signature of Parent or Guardian
IMMUNIZATION AND PHYSICAL FORM 2016

Student Information

Student Name ____________________________

Last First Middle

Date of Birth ____________________________ Boston University ID Number ____________________________

Month Day Year

Summer Program ____________________________ Active Email Address ____________________________

Emergency Contact

Name and relationship of contact

Street Address

City State Zip

Contact Phone Number

Alternate Emergency Contact

Name and relationship of contact

Street Address

City State Zip

Contact Phone Number

For comprehensive information about Student Health Services including hours and directions, please visit our website at:

www.bu.edu/shs

Consents and acknowledgements

I hereby authorize the clinical staff at Boston University Student Health Services to examine and treat me during my enrollment at Boston University. __________ Initial

I consent to authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child’s attendance at, or participation in, the Summer Program. I give my consent and authorization to the Program Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed. __________ Initial

I understand that there is a copay to see a provider at Boston University Student Health Services for each appointment. I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, allergy injections, immunizations, and some supplies. I understand that I am responsible for all health care charges outside of Student Health Services except that which is covered by my health insurance. __________ Initial

I understand that some costs outside of Student Health Services may not be covered by my medical insurance. __________ Initial

I understand that Student Health Services is a unit inclusive of medical, mental health, nutrition, sports medicine, and alcohol and other drug services. I understand that the providers within this organization may discuss my care within the unit to allow for effective care delivery and care management. __________ Initial

I understand that some services provided are limited by staff and space availability. While we may endeavor to serve all students eligible for care, there may be circumstances when referral to outside providers in the community is necessary. __________ Initial

The information on this form is for the use of Student Health Services and will not be released to a third party without your consent, except as necessary to fulfill the responsibilities of Student Health Services or as required by law. __________ Initial

Student Signature ____________________________ Date __________

Parent/guardian signature ____________________________ Parent/guardian name (please print) ____________________________ Date __________ Relationship to Student ____________________________

(Must be signed by a parent or guardian if student is under 18 years of age)
Required Immunization Record
Must be signed by MD/NP/PA
Must be completed PRIOR to arrival at Boston University
Must include Month/Day/Year

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates Given</th>
<th>Massachusetts State Requirements</th>
</tr>
</thead>
</table>
| MMR       | #1 ___ / ___ / ___ #2 ___ / ___ / ___ | • 2 doses of MMR  
|           |             | • Minimum of 4 weeks between doses  
|           |             | • 1st dose given after 1st birthday |
| Measles   | #1 ___ / ___ / ___ #2 ___ / ___ / ___ | OR  
| Mumps     | #1 ___ / ___ / ___ #2 ___ / ___ / ___ | OR  
| Rubella   | #1 ___ / ___ / ___ #2 ___ / ___ / ___ | OR  
|           |             | OR  
|           |             | OR  
| Individual Vaccines: Measles Mumps Rubella |             | |
| Positive Titers | Measles Titer Date: ___/___/___ | Positive Titers |
|               | Mumps Titer Date: ___/___/___ |             |
|               | Rubella Titer Date: ___/___/___ |             |
| Tdap        | ___ / ___ / ___ | Tdap (Tetanus, Diphtheria & Pertussis) is the only acceptable form of Tetanus shot (Must be within last 10 years) |
| Meningitis  | ___/___/___ | Menomune OR Menactra OR Waiver |
| Hepatitis B | #1 ___ / ___ / ___ #2 ___ / ___ / ___ #3 ___ / ___ / ___ | Completed 3 part series  
| Positive Titer | Hepatitis B Titer Date: ___/___/___ | Positive titer |
| Varicella   | #1 ___ / ___ / ___ #2 ___ / ___ / ___ | 2 doses of varicella vaccine |
| Titer      | Positive Titer Date: ___/___/___ | Positive titer |
| Disease    | Date of Disease: ___/___/___ | History of disease must be verified by a medical provider |

Clinician name MD/NP/PA (please print) | Signature | Date
Tuberculosis Record

1. Have you had a positive TB skin test in the past?        Yes         No

2. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? Yes        No

3. Were you born in a high risk country? (see CDC website for guidelines) Yes        No

4. Have you travelled or lived for more than one month in any of the high risk countries? Yes        No

5. Have you completed 6-9 months of medication (i.e. isoniazid) to prevent active tuberculosis (tuberculosis prophylaxis)? Yes        No

If you have a history of a positive tuberculosis skin test and have never taken medication to prevent active tuberculosis, please report to Student Health Services on arrival to campus to discuss this treatment.

If you answered YES to number 2, 3, or 4, you need to provide documentation of a recent tuberculosis skin test (TST) administered within the past year.

Tuberculosis skin test date ___________ Result _______ mm      Interpretation (check one) Pos  □  Neg  □

If you previously received BCG vaccine, a blood test such as Quantiferon Gold or T-Spot is the preferred test to indicate absence of TB. Date___________ Result (check one) Pos  □  Neg  □

If a current or past tuberculosis skin test is/was positive, you will need to complete the following evaluation/treatment.

Chest x-ray date ___________ Result (check one) Pos  □  Neg  □

Treatment:
□ Yes_____________________________________________________________
(Drug, Dose, Frequency, and Dates)

□ No_____________________________________________________________
(Please document reason prophylaxis treatment not done)

Medical Provider’s Signature ______________________________ State License Number ____________________ Date ________________

Waiver for Meningococcal Vaccination Requirement

Meningococcal Waiver is ONLY if you plan on waiving the requirement for the Meningococcal Vaccine. If you have received the vaccine, please ignore the waiver.

I have received and reviewed the Meningococcal Information Form provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine (available at www.bu.edu/shs/forms). I understand that Massachusetts’ law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.
□ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

□ Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: __________________________________________ Date of Birth: ________________

Signature: ___________________________________________ Date: ___________________________
HEALTH HISTORY
Must be signed by MD/NP/PA

1. List any significant past medical, surgical or mental health conditions including hospitalizations. Use additional pages if necessary.

[ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. List all ongoing medications or treatments with dosages/directions and briefly describe what each medication is treating.

[ ] None

<table>
<thead>
<tr>
<th>Medication, dose, directions</th>
<th>Condition addressed by this medication</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

3. List all environmental or medical allergies.

[ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

4. Note any pertinent family history.

[ ] None

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5. List all pertinent physical exam findings.

[ ] PE within normal limits

[ ] Abnormal

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date of most recent physical exam (requested from students, but not mandatory): _____/_____/_____

This student has been evaluated to be in good health and able to participate in highly competitive athletics, if they choose to do so: [ ] Yes [ ] No. Please explain below:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Clinician name MD/NP/PA (please print) ___________________________ Signature ___________________________ Date __________/_____/______
Release, Acknowledgment of Risk, and Waiver of Liability
for use of the Boston University Fitness and Recreation Center

MUST BE COMPLETED BY ALL PARTICIPANTS
(Or by parent/guardian if participant is under 18 years of age)

In consideration of the opportunity to participate in classes, activities and programs conducted by the Department of Physical Education, Recreation and Dance (PERD) in the Boston University Fitness and Recreation Center and other University athletic facilities, and to use equipment located therein, I, on behalf of myself and my minor children, do hereby release, hold harmless and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, and employees (together, the "University") from any and all claims, responsibilities or liabilities for injury or damages resulting from or arising out of my or my family’s use of, presence in, or participation in activities conducted at the Fitness and Recreation Center and other University athletic facilities, whether or not caused by the ordinary negligence of the University.

I understand, recognize and acknowledge that certain activities conducted or taking place in the Fitness and Recreation Center and other University athletic facilities are potentially hazardous. I also acknowledge that it is my responsibility to follow instructions for any activity or use of equipment, and to seek help from the staff if I have any questions. I further understand that, notwithstanding precautions taken by the University, sports and fitness activities involve a risk of injury and/or death. I/we are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks associated with my participation in activities at the Fitness and Recreation Center and other University athletic facilities.

I have read the foregoing and hereby agree to be bound by same.

I agree to abide by and follow all rules and policies outlined in the Membership Handbook.

Print Legal Name: ______________________________________________________________

Signature: ________________________________________ Date:___________________

Boston University Affiliate Membership Type: _______________________________________
(ex. Full-time Student, Part-time Student, Staff/Faculty, Alumni, Conference Service Guest)

Boston University Affiliate Name: _________________________________________________

Boston University Affiliate ID Number: ___  ___  ___  ___  ___  ___  ___  ___  ___

Relationship to Boston University Affiliate: __________________________________________
(ex. Spouse, Friend, Guest)

* (If participant is under 18 years of age) Date:___________________

Print Child’s Legal Name:  _______________________________________________________

Print Parent’s/Legal Guardian’s Name: _____________________________________________

Signature of Parent/Legal Guardian: ________________________________________________
Boston University Summer Term
High School Programs
Music Practice Room Request Form

Name of Student ____________________________________________________________

Boston University ID # ____________________________________________________

Email address ______________________________________________________________

Phone Number _____________________________________________________________

**High School Program Attending** (Please circle)
  • High School Honors
  • Research in Science and Engineering (RISE)
  • Summer Challenge
    ▪ Session 1
    ▪ Session 2
    ▪ Session 3
  • Academic Immersion (AIM)
DIRECTIONS TO BOSTON UNIVERSITY

From the West

- Take the Massachusetts Turnpike (I-90) East to Exit 18, Brighton/Cambridge.
- Follow signs to Cambridge to the second set of lights.
- Turn right at the lights onto Storrow Drive.
- Exit Storrow Drive at the Kenmore exit.
- Follow directions from Kenmore Square.

From the South

- Take I-95 or Rt. 3 North to I-93 North.
- Take Exit 26 onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From the North

- Take I-93 South to Boston.
- Exit onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From Logan Airport

- Take Route 1-A through the Sumner Tunnel.
- Follow signs onto the Expressway North.
- Take the Back Bay/Storrow Drive exit, and follow signs onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore exit.
- Follow directions from Kenmore Square.

From the Kenmore Square exit on Storrow Drive

- At the first set of traffic lights, turn right onto Beacon Street.
- At this point, the road forks. The left fork takes you into Kenmore Square (the large building on the right is the Myles Standish Residence Hall).
- Bear right at the far end of Kenmore Square onto Commonwealth Avenue (the Citizen’s Bank should be on your left).
- The Warren Towers Residence Hall is at 700 Commonwealth Avenue (on the left).
- Go just past Warren Towers and get into the leftmost lane for the next traffic light (you will be right in front of a courtyard and a large chapel—this is Marsh Chapel). If you pass a bridge/overpass, you went too far. Turn around.
- At the light, make a U-turn to go the opposite way on Commonwealth Avenue and park in front of Warren Towers (or as close as possible).