CHECKLIST

Return the following forms to the Summer Term High School Program office:

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

For commuter students only, please also include:

- Dining Plan Agreement
- Commuter Permission Form

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 Preview 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 residential 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 at 617-353-1378 or summerhs@bu.edu.
BOSTON UNIVERSITY SUMMER PREVIEW PROGRAM

LETTER OF INTENT

Please indicate whether or not you plan to attend the 2016 Summer Preview 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 Preview program. Please select if you are going to be a residential or a commuter student, and circle the session(s) you will be attending.

Session(s) Attending:  
Session 1 (☐ Residential: July 17 – 22; ☐ Commuter: July 18 – 22)  
Session 2 (☐ Residential: July 24 – 29; ☐ Commuter: July 25 – 29)

1. Curfew is 11:00 pm Sunday-Thursday and 12:00 am Friday. All students must be in their dorms 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 a Program Assistant.
5. Students wishing to walk around the University’s campus during free time must inform their Program Assistant. Students may not be on campus alone; at least one other person from the program must accompany the student.
6. A student may leave with family or friends who are NOT in the Program during free time, if the student’s parent or legal guardian has provided 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 sends the student’s parent or guardian a confirmation email. Overnight absences are not permitted.
7. 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.
8. Students are expected to act respectfully toward program staff and other participants.
9. 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.
10. Any form of discrimination, harassment, or pranking constitutes unacceptable behavior and may result in removal from the program.
11. No refund of 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 listed above and in the Program Information & Guidelines.

Student Name__________________________________Student Signature______________________________

Parent/Guardian Signature_________________________Date_____________________

Roommate Request (optional) ________________________________________________________________

Roommate requests must be mutual, listed on each student’s Letter of Intent, and received by Summer Term no later than Wednesday, July 6, 2016 to be considered.

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

Reason not attending ________________________________________________________________
## Summer II Registration Form

**Boston University**

**Summer Term**

755 Commonwealth Avenue
Boston, MA 02215

Phone: 617-353-2435
Fax: 617-353-6532
Email: summer@bu.edu

---

### Personal Information

- **Last Name**
- **First Name**
- **Middle Initial**
- **Date of Birth**
- **Home Address**
- **Local Address**

**Build/Student ID Number**

**Sex**

- M = Male
- F = Female

---

**Home Address**

- **Street & City**
- **State**
- **ZIP**
- **Country (if foreign address)**
- **Country of Citizenship (foreign students only)**

**Cell Phone**

**BU Emergency Alert Contact Phone**

(StarterCell)

**Cell Phone**

---

**Local Address**

- **Street & City**
- **State**
- **ZIP**
- **Ethnicity**

(Required for government reports)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White (Including Middle Eastern)

**Are you Hispanic / Latino?**

- Yes
- No

**Person to Notify in a Personal Emergency**

**Relation**

- M = Mother
- F = Father
- O = Other

**Phone**

---

### Course Selection

<table>
<thead>
<tr>
<th>College</th>
<th>Course Number</th>
<th>Section</th>
<th>Credit Hrs</th>
<th>Days</th>
<th>Times</th>
<th>Audit</th>
<th>Course Title</th>
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<tr>
<td>1</td>
<td>CAS CS 101 S B1 4 MW 9 - 11</td>
<td>INTRODUCTION TO COMPUTING</td>
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</tbody>
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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.

---

**Student's Signature**

**Date**
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 PREVIEW
PROGRAM FEE, ADDITIONAL EXPENSES & REFUND POLICY

Program Fee: $1,340

Room & Board* (residential students only): $439.98

Lunch (commuter students only): $56

Please note: The residential option is only available for students age 14 or older.

Room & Board includes room, breakfast, lunch, and dinner.

The application fee and spending money are not included in the Program Fee.

Methods of Payment:
Please make one payment for the correct total amount listed above

- If you choose to pay using a credit card, please use the following link: 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 ‘SP’ 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.

www.bu.edu/summer/high-school-programs/summer-preview/how-to-pay.shtml

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

Payment is due by May 16, 2016
(unless otherwise indicated in your acceptance materials)
BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For Participation in Summer Preview Program

Name of Student: _______________________________________________

1. I hereby consent to the participation of the child named above in all activities of the Summer Preview 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**

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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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**Date of Birth**

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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**Boston University ID Number**


**Summer Program**


**Active Email Address**


**Emergency Contact**

**Alternate Emergency Contact**

<table>
<thead>
<tr>
<th>Name and relationship of contact</th>
<th>Name and relationship of contact</th>
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For comprehensive information about Student Health Services including hours and directions, please visit our website at: [www.bu.edu/shs](http://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: Oldest #2: Newest | • 2 doses of MMR  
• Minimum of 4 weeks between doses  
• 1st dose given after 1st birthday |
| Measles  | #1: Oldest #2: Newest | • 2 doses of each individual component (2 measles, 2 mumps, and 2 rubella)  
• Minimum of 4 weeks between doses  
• 1st dose given after 1st birthday |
| Mumps    | #1: Oldest #2: Newest | |
| Rubella  | #1: Oldest #2: Newest | |
| Meningitis | Menomune OR Menactra OR Waiver | One dose for incoming students living on campus within 5 years or completed waiver (page 6) |
| Hepatitis B | #1: Oldest #2: #3: Newest | Completed 3 part series |
| Varicella | #1: Oldest #2: Newest | 2 doses of varicella vaccine |
| Tdap     | #1: Oldest #2: Newest | Tdap (Tetanus, Diphtheria & Pertussis) is the only acceptable form of Tetanus shot (Must be within last 10 years) |

**Positive Titers**

- Measles Titer Date: MM/DD/YYYY
- Mumps Titer Date: MM/DD/YYYY
- Rubella Titer Date: MM/DD/YYYY

**Positive titer**

**Titer**

- Positive Titer Date: MM/DD/YYYY

**Disease**

- Date of Disease: MM/DD/YYYY

**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>
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<tr>
<th>Medication, dose, directions</th>
<th>Condition addressed by this medication</th>
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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
Summer 2016 Summer Preview Program
Dining Plan Agreement

I acknowledge that I have read and understand the Dining Plan Agreement and the Terms and Conditions of this Dining Plan Agreement and that I have kept a copy for my records.

Student’s signature ___________________________________________ Date __________________________

Guarantor’s signature ___________________________________________ Date __________________________
(If student is under 18 years of age, parent or legal guardian must sign)

Please print.

Student’s name: __________________________________________
Last name __________________________ First name __________________________ Middle initial __________________________

BU ID number (if known): __________________________

Home address: __________________________________________
Street __________________________________________ Box/apt. no. __________________________________________

City/Town __________________________ State __________________________ Zip code __________________________

Home telephone number __________________________________________ Mobile telephone number __________________________________________

E-mail address __________________________________________

Dining plan option - 5 meal plan – Daily lunch at summer residence dining room.
  □ July 18, 2016 – July 22, 2016

Terrier Card Office Use Only

Sem _______ Yr _______ R–Y □ N □ S–Y □ N □
Initiator __________________
Effective date ________________
Group code ________________

BPS info
Input date ________________
Input time ________________
Initials __________________
LCC __________________

CS Gold info
Date entered ________________
Time entered ________________
Initials __________________
LCC __________________

Please keep a copy for your records.
Terms and Conditions of the Summer 2016 Summer Preview Program Dining Plan Agreement

For valuable consideration exchanged herein, Boston University (University) and student and agree as follows:

This Dining Plan Agreement is for Summer 2016, and service provided under this agreement shall begin and end according to the schedule listed below.

<table>
<thead>
<tr>
<th>Session</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>July 18, 2016</td>
<td>July 22, 2016</td>
</tr>
<tr>
<td>Session 2</td>
<td>July 25, 2016</td>
<td>July 29, 2016</td>
</tr>
</tbody>
</table>

DINING PLAN. The University shall provide the plan selected on the front of this agreement, and the student agrees to pay for the plan.

MEALS. Meals can be used at the summer residence dining room only for all-you-care-to-eat meals. There is no refund for unused meals.

CANCELLATION. This Dining Plan Agreement may be canceled by written request to the Terrier Card Office on or before the following cancellation deadlines – for Session 1 on or before July 15, 2016; for Session 2 on or before July 22, 2016. Upon receipt of a timely request, the University will cancel the dining plan and credit the student’s account in accordance with the schedule maintained at the Terrier Card Office.

RESIDENCE ACCESS. Access and visitor sign-in privileges for dining plan participants are determined by established University residence access policies.

TERRIER CARD. The University will provide the student with an appropriately encoded Terrier Card which the student must present at the summer residence dining room for service. The Terrier Card must be carried at all times and may not be used by anyone other than the student named on the card; it remains the property of Boston University and must be surrendered to the University upon demand. Alteration or use of the card for any unauthorized purpose will result in confiscation, financial penalty, and/or disciplinary action. If the Terrier Card is lost, damaged, or stolen, the student should report this in person, by telephone, or in writing to Boston University, Terrier Card Office, 775 Commonwealth Avenue, lower level, Boston, MA 02215, 617-353-9966, Monday–Friday, 9 a.m.–5 p.m. A lost, damaged, or stolen Terrier Card can be replaced at the Terrier Card Office for a fee of $40. Multiple replacements may result in additional fees up to $50 in each instance.

IN CASE OF ERRORS OR QUESTIONS ABOUT DINING PLAN. The student may request details of his/her dining plan account at the Terrier Card Office during the business hours noted above. The student should contact the Terrier Card Office in writing at the address noted above, or by telephone at 617-353-9966, as soon as possible, if the student thinks there is an error or needs more information about the dining plan. The student must contact the Terrier Card Office no later than 60 days after the problem or error appeared, and (1) provide name and BU ID number, (2) describe the error or question, and explain as clearly as possible why the student believes there is an error or why more information is needed, and (3) specify the dollar amount of the suspected error. If the student contacts the Terrier Card Office orally, the Terrier Card Office may require the student to send the complaint or question in writing.

UNIVERSITY’S POLICIES AND PROCEDURES. During official vacation and close-down periods, locations accepting use of this Dining Plan may be closed, or operation and use of this Dining Plan may be limited. The University does not provide dining service during official vacation and close-down periods. Food and related articles may not be taken from a residence dining room, except as permitted by the University Dining Services. Violations will result in disciplinary action. The University reserves the right to inspect knapsacks and the like in order to prevent loss. The University shall not be liable for any loss or damage related to this Dining Plan caused directly or indirectly by any act of God, law or public policy, act or omission of suppliers or carriers, strike, fire, flood, explosion, or other circumstances beyond the University’s reasonable control. The University may terminate this Agreement (1) if the student fails to be registered at the University or fails to complete payment/settlement of his/her account in accordance with the University's policies and procedures at any time during the term of this Agreement, or (2) if the student fails to comply with the provisions of this Agreement or with any relevant policy or procedure of the University, or any applicable law.

CHANGE IN TERMS. The University reserves the right to change the Terms and Conditions of the Summer Preview Program Dining Plan Agreement upon notice to students.

GOVERNING LAWS. This Agreement shall be governed by the laws of the Commonwealth of Massachusetts.

An equal opportunity, affirmative action institution.
Boston University Summer Term
High School Programs
Commuter Permission Form

Policy: High School Honors, Research in Science and Engineering, and Summer Preview students are allowed to commute to campus, pending approval from the Summer Term Office. Commuters are expected to attend all mandatory activities.

Name of Student ________________________________________________________________

Name of Guardian Living with Student during the Summer _____________________________
Guardian’s Relationship to Student ________________________________________________

Address of Summer Residence ______________________________________________________

Summer Residence Emergency Phone Number _________________________________________

High School Program Attending (Please circle)
• High School Honors

• Research in Science and Engineering (RISE)

• Summer Preview
  o Session 1
  o Session 2

PARENT/LEGAL GUARDIAN APPROVAL:

Parent or Legal Guardian authorizing permission: _______________________________________

Signature of Parent or Legal Guardian: __________________________ Date:____________________

SUMMER GUARDIAN APPROVAL (if different from Parent/Legal Guardian):

I, _____________________, acknowledge that I will be at the listed address during the entire duration of the Boston University Summer High School Program. I accept responsibility for the student during this time.

Signature of Summer Guardian: __________________________________ Date:_________________
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).