

**POMONA COLLEGE
SUMMER READING/RESEARCH ENROLLMENT FORM**

General Guidelines. A minimum cumulative grade point average of 7.5 is required to enroll in a summer reading or research course. Students may not enroll in more than one summer reading course per year. The course must be under the supervision of a Pomona College faculty member who is here in the spring preceding the summer the course is proposed, and who will be here in the fall semester following. The first summer reading course in which a student enrolls requires a \$50 enrollment fee. Subsequent summer reading/research enrollments are assessed \$300 per course.

Name _____ Student ID # _____ Summer Area Code & Telephone Number _____

Summer Mailing Address _____ City, State, Zip _____

Please complete ALL of the following information.

- 1) This summer reading/research course is my:
 first (\$50 fee) second or third (\$300 fee)
- 2) Course Number: 98 (lower division-course)
 198 indicate prerequisite(s):

- 3) Subject Area of Course: _____
- 4) Grading Option: Letter Grade Pass/No Credit Grading
- 5) Course Credit: Full Course Half-Course

6) Description and Materials of the Course: (Include a detailed reading list, projects, etc. Attach additional sheet if needed.)

7) Work To Be Completed: (Specify papers, written and/or oral exams, etc.)

Please initial next to each point below.

1. _____ The fee will be billed to my student account.
2. _____ The last day to change grading option is JUNE 1.
3. _____ The last day to withdraw from a summer reading course is AUGUST 1 (50% refund allowed.)
The above changes must be made in writing to the Registrar by the last weekday which falls before the stated deadline. If you are withdrawing, you must also contact the instructor.
4. Final dates for Completion of work:
_____ Papers are due in the instructor's office by the first day of fall semester.
_____ Examinations must be completed by the end of the first week of fall semester.

Student Signature _____ **Date** _____

Instructor Name (please print) _____

Instructor Signature _____ **Date** _____

Department Chair Name (please print) _____

Dept. Chair Signature _____ **Date** _____

For Office Use Only: GPA: _____ Verified By: _____ Date: _____