

**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 fee for a summer reading or research course is \$500.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Summer Area Code & Telephone Number \_\_\_\_\_  
Summer Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Please complete ALL of the following information.**

- 1) Course Number:       98 (lower-division course)       198 (upper-division course) - indicate prerequisite(s): \_\_\_\_\_
- 2) Subject Area of Course: \_\_\_\_\_
- 3) Grading Option:       Letter Grade       Pass/No Credit Grading
- 4) Course Credit:       Full Course     Half Course

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6) 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. Contact the Registrar in writing to make a change.
- 3. \_\_\_\_\_ The last day to withdraw from a summer reading course is AUGUST 1 (50% refund allowed.) Contact the Registrar and your instructor in writing.
- 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: \_\_\_\_\_