



1331 Murphy Hall, Los Angeles, California 90095-1418  
[www.summer.ucla.edu](http://www.summer.ucla.edu)  
[info@summer.ucla.edu](mailto:info@summer.ucla.edu)  
ph: 310.825.4101  
fax: 310.825.1528  
Monday-Friday, 9am-4pm

## SUMMER ENROLLMENT AGREEMENT FORM

Acknowledgment of the following terms and conditions must be completed either electronically on MyUCLA or through submission of this form in person or using electronic mail before summer 2018 enrollment may occur.

**Sign and submit to:**

Office of Summer Sessions  
1331 Murphy Hall  
Box 951418  
Los Angeles, CA 90095  
[info@summer.ucla.edu](mailto:info@summer.ucla.edu)

By checking the boxes below, I acknowledge the following:

- I have read the UCLA Summer Sessions deadlines and policies on the UCLA Summer Sessions website and understand that I will be subject to those deadlines and policies applicable to any of my summer enrollment activities and transactions.
- I understand that all fees are subject to change without prior notice.
- I understand that classes are subject to change without prior notice. Changes include, but are not limited to, meeting time and location changes; instructor substitutions, and cancellations. In the event of cancellation, the University is not responsible for travel arrangements or any other planning costs incurred.
- I understand that I am expected to make myself aware of and comply with University and campus policies and regulations, and that any violation may result in the University undertaking disciplinary action. If the violation constitutes an offense to the law, appropriate legal action may be taken.
- I understand that I will be financially responsible for any authorized charges assessed to me including, but not limited to, unit fees, Instructional Enhancement Initiative (IEI) fee, Course Materials Fees, and a Summer Sessions non-refundable processing fee in accordance with the amounts and refund obligations as set forth by the UCLA Summer Sessions and other applicable University offices.
- I understand that it is my responsibility to check my BruinBill Account and pay any balance. I also understand that delinquency in payment may result in the termination of my enrollment, holds on my record, and/or action taken to collect any debt. In the event of enrollment termination due to delinquency in payment, I shall remain responsible for all my BruinBill Account balances. Furthermore, I consent to have any financial credit in my BruinBill account apply to any balance I owe to the University as a result of charges from, including, but not limited to, housing, ASUCLA, Student Health, and library services.
- The University utilizes electronic communications and transactions whenever possible. I agree to all such electronic communications and transactions with the University.

Full Name: \_\_\_\_\_ University Identification (UID) #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_