



CONTINUING STUDIES

Adult Continuing Education (ACE) Non-Credit Registration Form [] Fall [] Spring [] Summer Year: 20 _____

STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY) I am : [] A New SAIC student [] A Returning SAIC student [] A Certificate Program student

Last Name First Name Preferred Name MI ID # (if returning)

Address Apartment

City State Zip Code Date of Birth (MM/DD/YYYY)

STUDENT GENDER:

[] Male [] Female Primary Email Address (confirmation will be sent here) Primary Phone: [] Mobile [] Home [] Work Secondary Phone: [] Mobile [] Home [] Work

EMERGENCY CONTACT INFORMATION

Last Name First Name Relationship to student

Email address Phone: [] Mobile [] Home [] Work

OPTIONAL

Do you consider yourself to be Latino/Hispanic? [] Yes [] No In addition, select one or more of the following racial categories to describe yourself: [] Native American [] Asian [] Black or African American [] Native Hawaiian [] White How did you hear about us? [] Brochure [] Email [] Friend [] I am a returning student [] The Art Institute of Chicago [] SAIC Website [] Teacher [] Other _____

COURSE SELECTIONS

Table with 5 columns: Class number, Title, Class dates, Day(s), Meeting times. Contains 4 rows of course selection fields.

ARTICARD (Student ID)

All students will receive an ARTICard, SAIC's mandatory identification card. Please visit saic.edu/articard for more information.

CONTINUING STUDIES ACKNOWLEDGMENT + AGREEMENT

- I understand that I am financially responsible for the course(s) for which I am registering. A full refund will be granted for withdrawal requests submitted in writing or in person prior to the start of the second class session. All withdrawal requests must be submitted in writing to cs@saic.edu and include the student's name, ID number, and course information.
I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation provided to such locations as deemed necessary by SAIC.
I have read and agree to abide by the student Rights and Responsibilities online at saic.edu/ace.
I agree to the forgoing on behalf of myself/my child or ward.

X Signature required of student or parent/legal guardian if student is under 18 years of age. Date

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ACE POLICY INFORMATION

Please review our policies regarding registration, payment, cancellations, refunds, and prerequisites which can be found at www.saic.edu/cs/ace.

DISCOUNT INFORMATION

Discounts must be calculated and reflected in payment at the time of registration; discounts will not be applied retroactively and refunds will not be issued to correct overpayment. Only one tuition discount may be applied to a student's account per semester.

Art Institute of Chicago (AIC) Members:

Note: If a recent member, please indicate the confirmation / transaction ID number.

School of the Art Institute of Chicago (SAIC) Alumni:

Note: To receive an alumni discount, you must have completed a degree / certificate program here at SAIC.

Membership Number

Membership Expiration Date

Alumni ID Card Number

Year of Graduation / Certificate Completion

PAYMENT INFORMATION

Tuition: \$585 AIC Member Tuition: \$527 SAIC Alumni Tuition: \$439
Are you applying for: Madeleine Stanley-Jossem Scholarship (MSJ)—available in the fall/spring only

The Madeleine Stanley-Jossem application form can be found on the Forms and Downloads page online at saic.edu/ace.

Note: Scholarship applicants are required to pay a \$50 tuition deposit at the time of registration; students not applying for financial assistance refer to the indicated tuition rates.

Payment is due at the time of registration. Scholarship applicants must submit a completed registration form and \$50 tuition deposit to be registered for the selected course(s), the Madeleine Stanley-Jossem application form, five images of your most recent art/design work to SlideRoom at: saicscholarships.slideroom.com, and financial documentation in the form of **Form 1040** from the most recent tax return.

CREDIT CARD INFORMATION

Check - payable to SAIC Credit Card Money Order - payable to SAIC

Student First Name

Student Last Name

Student ID # (if returning)

Term

BILLING ADDRESS: Cardholder's Name (as it appears on the card)

Address

Apartment

City

State

Zip Code

Phone Number

Email Address

CARD TYPE: American Express Discover MasterCard Visa

Credit Card Number

Expiration Date

Security Code

TOTAL AMOUNT DUE: