

**Adult Continuing Education (ACE) Non-Credit Registration Form**  Fall  Winter  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**

_____ Class number	_____ Title	_____ Class dates	_____ Day(s)	_____ Meeting times
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**ARTICARD (Student ID)**

All students will receive an ARTICard, SAIC's mandatory identification card. Please visit [saic.edu/articard](http://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](mailto: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 for ACE, APSI, and TIME students online at [saic.edu/ace](http://saic.edu/ace) > **Forms and Downloads**.
- 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

**CONTINUING STUDIES**

**ACE POLICY INFORMATION**

Please review our policies regarding registration, payment, cancellations, refunds, and prerequisites which can be found at [saic.edu/ace](http://saic.edu/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

- ½ Tuition: \$292.50
- ½ AIC Member Tuition: \$263.50
- ½ Alumni Tuition: \$219.50

- Mini Course Tuition: \$204.75
- Mini Course AIC Member Tuition: \$184.45
- Mini Course Alumni Tuition: \$153.65

**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](http://saic.edu/ace).

**Payment is due at the time of registration.**

Scholarship applicants must submit a completed registration form 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](http://saicscholarships.slideroom.com), and **Form 1040** from the most recent tax return (the first two pages) for financial documentation. **If you are unable to submit these documents, please contact us at [cs@saic.edu](mailto:cs@saic.edu).**

**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:** \_\_\_\_\_