



CONTINUING STUDIES

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 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 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
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 **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.**

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: _____