

## CERTIFICATE PROGRAM COMPLETION

Completion of all certificates requires the following:

- A portfolio review by a Continuing Studies instructor, available in fall and spring on Portfolio Review Day. Note: Coursework must be completed before scheduling a portfolio review.
- A completed Certificate Program Completion Form, including signature of portfolio reviewer.
- Submission of a minimum of three (3) digital images from the student's body of work. Images should be 300 dpi JPEG files and can be sent via email to Odette Barrientos (obarrientos@saic.edu) with the subject line Certificate Program Student Work. Please include title, medium, and date in the file name for each image.

Once the above materials have been received, a Certificate of Recognition will be issued and the student will be coded as a Certificate Program Alumni and eligible for the 25% SAIC alumni discount on future courses.



School of the Art Institute of Chicago Continuing Studies 36 South Wabash Avenue, suite 1201 Chicago, IL 60603 Email: cs@saic.edu Phone: 312.629.6170 Fax: 312.629.6171

## **CERTIFICATE PROGRAM COMPLETION FORM**

Student Name:	ID #:		
Address:	City: _	State:	Zip:
Email:	Phone:		
Certificate Program Name:  Drawing Certificate (2012) Fashion Certificate (2012)  Web Design Certificate (2012) Painting Certificate (2012)		12)	☐ Interior Design Certificate (2012)
Drawing Certificate (2016) Fashion Certificate (2016)  Painting Certificate (2016)		Certificate in Studio Art & Design (2016)	☐ Interior Design Certificate (2016)
List completed certificate program courses (includ	e course title and semester take	n):	
Course Title / Semester	Cour	rse Title / Semester	
Signature of portfolio reviewer:			
Instructor Name:	Signature:		Date:
Comments:			
Certificate program students are required to subme the Continuing Studiess office before receiving the email to Odette Barrientos (obarrientos@saic.edu in the file name for each image.	eir official <mark>Certificate of Complet</mark>	<mark>ion. Images should be 300 dpi JP</mark> EG	files and can be sent via
Please return this form to Continuing Studies, 36 to fax 312.629.6171.	5. Wabash Avenue, Suite 1201, (	Chicago, IL 60603, email cs@saic.ed	u,
Once received, a Certificate of Recognition will be	mailed to the student at the add	ress above. Please allow 4-6 weeks f	or processing.
Student Name:	Signature:		Date :



## School of the Art Institute of Chicago

## PHOTOGRAPHIC CONSENT FORM

I hereby grant permission to the School of the Art Institute of Chicago ("SAIC") and its agents to record photographs or other images or likenesses of me on videotape, audiotape, film, photograph or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitations for any purpose that SAIC deems appropriate including dissertations, advertising, publicity, and Internet (SAIC website) purposes. I further consent to the use of my name, voice, and biographical material in connection with such recordings.

I understand that as part of the Program, I may create or participate in the creation of art projects. On behalf of myself, I grant permission to SAIC to photograph or reproduce in any medium any such projects, in whole or in part, without restrictions or limitations, for any purpose that SAIC deems appropriate including dissertations, advertising, publicity, and Internet (SAIC website) purposes.

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On behalf of myself, I waive, release, and hold harmless SAIC from any claims related to the images described above or the exercise of the rights and permissions granted herein, including claims for compensation, claims of defamation or any claims regarding rights of privacy or publicity.

Signature of student	Print name