

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 for ACE, APSI, and TIME students online at 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.

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

- Short Format Course Tuition: \$292.50
Short Format Course AIC Member Tuition: \$263.50
Short Format Course 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.

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, 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: