

CONTINUING STUDIES

Advanced Placement Summer Institute (APSI) Application Form

SUMMER 2019

INFORMATION

| | | | | | |
|-----------------|---|----------------|-----------|---------------------|--|
| _____ | | _____ | | _____ | _____ |
| Legal Last Name | Legal First Name | Preferred Name | MI | ID # (if returning) | |
| _____ | | | _____ | | |
| Address | | | Apartment | | |
| _____ | | | _____ | | |
| City | | | State | Zip Code | |
| _____ | | _____ | | _____ | |
| Home Phone | | Mobile Phone | | Email Address | |
| _____ | | _____ | | _____ | |
| Date of Birth | Note: Date of birth is required to obtain an SAIC login for access to various web-based resources. | | | | Work Email Address |
| _____ | | | | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |

Note: If there is a medical/health condition or disability that might require emergency assistance, or special need requiring regular classroom assistance, please contact Continuing Studies at 312.629.6170 or email cs@saic.edu with details.

EMERGENCY CONTACT INFORMATION

| | | | | | |
|---------------|-------|-------------------------|---|-------|--|
| _____ | | _____ | | _____ | |
| Last Name | First | Relationship to student | | | |
| _____ | | _____ | | _____ | |
| Email Address | | Phone | Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work | | |

EDUCATION

| | | | | | |
|--|------|---------|-------------|-------|-------|
| _____ | | _____ | | _____ | |
| High School | | City | State | | |
| _____ | | _____ | | _____ | |
| Undergraduate Degree | Year | Subject | Institution | City | State |
| _____ | | _____ | | _____ | |
| Graduate Degree | Year | Subject | Institution | City | State |
| _____ | | _____ | | _____ | |
| Professional Organizations and Memberships | | | | | |

HIGH SCHOOL INFORMATION

| | | | | | | |
|--|--|--|--|---|-------|-------|
| _____ | | _____ | | _____ | _____ | _____ |
| School Name | | Street Address | | City | State | Zip |
| _____ | | _____ | | _____ | | |
| Number of years teaching at this school: _____ | | Number of years teaching AP classes: _____ | | Is this a Chicago Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please list the courses you are currently teaching _____ | | | | | | |
| _____ | | | | | | |
| Estimated school population in grades 9-12: _____ | | Number of full-time art teachers: _____ | | | | |
| Number of years teaching art at this high school: _____ | | Number of part-time art teachers: _____ | | | | |
| Please list all courses offered in the art department _____ | | | | | | |
| _____ | | | | | | |
| School's geographic location <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural | | | | | | |
| Estimated school diversity by race: _____ % _____ % _____ % _____ % | | | | | | |
| Estimated school diversity by income: _____ % High Income _____ % Middle Income _____ % Low Income | | | | | | |

CONTINUING STUDIES

Advanced Placement Summer Institute (APSI) Application Form

SUMMER 20#+

I have previously attended APSI at SAIC Yes No If yes, year(s) attended _____

I have previously attended APSI at other institutions Yes No

If yes, please list institutions _____

ADVANCED PLACEMENT SUMMER INSTITUTE (APSI)

Please check the session you are interested in attending.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> APSI: ART HISTORY (TEACH 1221) June 24-27, 2019 - \$1,320 or \$1,775 with optional housing (\$455) Application Deadline: <i>Friday, May 31, 2019</i> | <input type="checkbox"/> APSI: STUDIO ART- Session 1 (TEACH 1222) July 15-19, 2019 - \$1,320 or \$1,775 with optional housing (\$455) Application Deadline: <i>Friday, June 21, 2019</i> | <input type="checkbox"/> APSI: STUDIO ART- Session 2 (TEACH 1223) July 22-26, 2019 - \$1,320 or \$1,775 with optional housing (\$455) Application Deadline: <i>Friday, June 28, 2019</i> | <input type="checkbox"/> APSI: STUDIO ART- Session 3 (TEACH 1224) August 5-9, 2019 - \$1,320 or \$1,775 with optional housing (\$455) Application Deadline: <i>Friday, July 12, 2019</i> |
|--|---|---|---|

*Note: Program fee of \$1,320 includes one graduate credit, all AP course materials, and some meals.

CAMPUS HOUSING

Housing is available in the SAIC residence hall. Residence hall check-in occurs the Sunday prior to the session start date, from 12:00 p.m. to 5:00 p.m. Residents are required to check-out by 10:00 a.m. Friday for Art History and 10:00 a.m. Saturday for Studio Art.

Are you interested in reserving a room in the SAIC residence hall? Yes No

Note: Participants that opt to reside on campus must submit a completed *2019 Special Groups Summer Housing Acknowledgement* (included in this document) with their completed *Advanced Placement Summer Institute (APSI) Application Form*.

PAYMENT

Payment is due in full at the time of registration.

Continuing Studies accepts checks, credit cards (American Express, Discover, MasterCard, and VISA), money orders. If paying by check or money order, please make payable to SAIC and include the student's name, ID number (if available), and term (i.e. summer 2019).

Credit card payments should be accompanied by a completed Credit Card Information sheet. Students that wish to arrange for third party billing should complete and return the attached Tuition Repayment Agreement.

REFUND POLICY

APSI Art History and Studio Art withdrawal requests must be submitted in writing to cs@saic.edu and include the student's name, ID number, and course information. The date the request is received in writing is the date used to calculate the refund amount.

- 100 percent refund one week or more prior to the start of the program: Monday, June 17 for APSI Art History; Monday, July 8 for APSI Studio Art Session 1; Monday, July 15 for APSI Studio Art Session 2; Monday, July 29 for APSI Studio Art Session 3.
- No refunds will be issued after the dates listed above.

Note: Refunds take approximately four to six weeks to process, depending on payment type.

ACKNOWLEDGEMENT + AGREEMENT

- The information reported on this application is true and correct to the best of my knowledge.
- I understand that I am financially responsible for any associated fees for the option(s) selected and that I have read and understood the Refund Policy.
- 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 Rights and Responsibilities for ACE, APSI, AND TIME Students online at saic.edu/teacherprograms>Forms and Downloads.

By signing below, I agree to the above on behalf of myself.

Signature _____ Date _____

Complete applications must include the following:

- Completed APSI Application Form
- Completed Media Consent Form
- Completed 2019 Special Groups Housing Acknowledgement (optional)

Payment: \$1,320 or \$1,775 with optional housing per session

Questions?

Phone: 312.629.6170
Fax: 312.629.6171
Email: APSI@saic.edu

CONTINUING STUDIES

Credit Card Information

Student Name _____ ID # (If returning) _____ Term _____

Cardholder's Name (as it appears on card) _____

Billing Address:

Address _____ Apartment _____

City _____ State _____ Zip Code _____

Phone Number _____ email _____

Card Type: American Express Discover MasterCard Visa

Credit Card Number _____ Expiration Date _____ Security Code _____

Amount (equal to Total Due above): _____

FOR OFFICE USE ONLY:

| | | | |
|-------|--------------|---------------|----------------------|
| _____ | _____ | _____ | _____ |
| ID # | Process Date | Approval Code | Cashier's Name |
| | _____ | _____ | _____ |
| | Refund Date | Refund Amount | Refund Approval Code |



**School of the Art Institute
of Chicago**

MEDIA 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.

I waive, on behalf of myself, any right to inspect or approve the images described above and I understand that the images used may be distorted, blurred, or altered. I also understand that publication of the images is within the sole discretion of SAIC and that they may not be used at all.

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

CONTINUING STUDIES

THIRD PARTY BILLING AND SPONSORED STUDENTS

Third party billing is when a company or government/outside agency has established special billing arrangements to cover tuition and/or fees for students that it sponsors. Continuing Studies must receive an authorization from the sponsoring agency before third party billing can be processed. All billing authorizations – which may be a letter, purchase order, or voucher – must be on official agency letterhead and signed by an officer of the organization.

Payment by the sponsor must be made directly to the Continuing Studies; agreements where payments are sent to the student cannot be honored. All authorizations must include the term that the authorization is in effect. Continuing Studies cannot accommodate any restrictions or contingencies on the authorization. For instance, if the agency requires transcript information before payment, Continuing Studies cannot authorize third party billing.

All sponsored students are required to complete a Tuition Repayment Agreement (promissory note) in order to be registered for the class and to initiate third party billing. In the event of non-payment or partial payment by the third party agency, the student will be charged for the unpaid amount. Third parties are invoiced after the class is confirmed to run. Payments must be made within 30 days of billing. If payment is not received within 30 days, the agency and the student will be notified, and the student will be billed for the unpaid amount as authorized on the Tuition Repayment Agreement. Any charges that are not paid by the sponsor are billed to the student.



CONTINUING STUDIES

TUITION REPAYMENT AGREEMENT

Student information

| | | | |
|--------------|------------|---------------|---------|
| Student ID | Last name | First name | |
| Address | City | State | Zip |
| Mobile phone | Work phone | Email address | |
| Term | Class # | Course title | Tuition |
| Term | Class # | Course title | Tuition |
| Term | Class # | Course title | Tuition |

In consideration of the Tuition Repayment Agreement, and intending to be legally bound, I agree to pay the School of the Art Institute for the above courses if payment is not received from the third party listed on the reverse side of this sheet within 30 days of billing. The amount is to be charged to the following credit card.

Card type: American Express Discover MasterCard Visa

| | | | |
|---|---------------|-------|-----------------|
| Cardholder's name (as it appears on card) | | | |
| Billing address | City | State | Zip |
| Phone | Email address | | |
| Credit card number | | | Expiration date |

I recognize that this is a just debt and by my signature accept full responsibility for my indebtedness to the School. I understand that failure to pay my debt to the School will result in the following:

- All School privileges and services will be suspended.
- I will not be permitted to register for any courses in subsequent semesters.
- My transcript and any other official School documents will not be released.
- My account will be referred to Collections.

| | |
|--|------|
| Student signature (Parent signature required if student under the age of 18) | Date |
|--|------|



School of the Art Institute
of Chicago

CONTINUING STUDIES

TUITION REPAYMENT AGREEMENT

Third party information

Third party

| | | | |
|-------------------|--------------------|-------|-----|
| Contact last name | Contact first name | Title | |
| Billing address | City | State | Zip |
| Phone | Email address | | |

Note: The completed Tuition Repayment Agreement must be accompanied by a letter, purchase order, or voucher on official agency letterhead and signed by an officer of the organization in order for the student to be registered for the class and to initiate third party billing.



2019 Special Groups Summer Housing Acknowledgement

Policies

Advanced Placement Summer Institute residents are responsible for knowing and adhering to the Advanced Placement Summer Institute Rights and Responsibilities. These rights and responsibilities, which are subject to change from time to time, can be found at: saic.edu/teacherprograms > **Forms and Downloads**. Specific policies are listed below.

Alcohol

Residence hall policies concerning the consumption of alcohol comply with the Illinois State Liquor Law. If you are under 21 years of age, it is illegal in the State of Illinois for you to possess or consume any alcoholic beverage. Residents must adhere to the following policies:

- Alcoholic beverages may not, under any circumstances be used by, possessed by, or distributed to any person under 21 years of age.
- Open containers of alcohol are not permitted in any public/common areas of the residence hall.
- Multi-quart containers (kegs, etc), are not allowed in the residence halls.

Drugs

Federal and State laws prohibit the possession, manufacture, distribution and use of certain drugs, drug paraphernalia, and narcotics. Any resident known to be possessing, using, abusing, manufacturing, or distributing illegal drugs or drug paraphernalia may be expelled from the residence hall and/or SAIC, and may be referred to the appropriate authorities for prosecution. This paragraph shall also apply to the abuse or misuse of any over-the-counter medication or prescription medication.

Smoking & Fire Safety

In compliance with state and local laws, smoking is completely prohibited in all SAIC buildings, including residence halls and classroom buildings. Residents are not permitted to smoke in residence hall rooms, classrooms, common areas, or anywhere else in SAIC buildings. Hookahs are not allowed in the residence hall. Smoking is also prohibited within 15 feet of the entrance to all SAIC buildings. To ensure that any potential risk of fire is eliminated, residents are not permitted to tamper with fire safety equipment, burn candles, leave cooking unattended, and have open element appliances.

Windows

The Resident must not tamper with the window safety equipment (including but not limited to window screens and window blocks) in the residence hall, nor allow any guest or visitor to tamper with the window safety equipment. Any issues concerning the proper operation of window safety equipment and/or damage to screens or window safety equipment must be immediately reported to Residence Life. Hanging items in the window or throwing objects from a window is strictly prohibited. Residents may not place signs in or on their windows. Contact a Residence Life or Campus Security staff member immediately if your window or screen is not secured.

Acknowledgement + Agreement

By signing below, I acknowledge that I have read and understand these policies and further agree that I shall abide by them while living at SAIC. I further acknowledge and agree that, in the event that I violate any applicable law and/or the above stated policies, SAIC may, in its sole discretion, impose sanctions against me, including but not limited to expulsion from the residence hall.

Signature of Resident

Date

Print Name

Resident Disclosure of Criminal Convictions

As part of your request for housing in a residence hall, the School of the Art Institute of Chicago (“SAIC”) requires you to disclose information regarding any criminal convictions that you may have. Your answer must be truthful, accurate and complete. Acceptance into SAIC housing is expressly conditioned upon SAIC’s review and acceptance, in its sole judgment, of your criminal conviction disclosure. If you are not accepted, SAIC will notify you. If SAIC learns at any time that your disclosure was not truthful, accurate or complete, SAIC may, in its sole judgment, revoke your housing in a SAIC residence hall.

Indicate below by checking the appropriate box whether you have any instance in any state or country where you have plead guilty or were found to be guilty by a judge or jury to charges that you committed a crime other than minor traffic offenses. You are not required to disclose any arrest or criminal history record information ordered expunged, sealed or impounded under applicable law or any conviction reversed on appeal.

Check one box: Yes No

If you checked “yes,” you must complete the Student Disclosure of Criminal Convictions and Consent to Obtain Additional Information. This form can be found at <http://www.saic.edu/life/housing> under the section titled “How to apply for housing FAQ.” If you checked “yes” above, you must submit this form immediately.

By signing below, you certify that this information regarding criminal convictions is truthful, accurate and complete and that you understand and agree that you will notify SAIC immediately of any inaccuracies in, or corrections to, the information you disclose here. You also certify that you understand and agree that you have a continuing duty to notify SAIC of any criminal conviction during the time that you are living in SAIC’s residence halls.

Signature of Resident

Date

Print Name