

Student-At-Large (SAL) Registration Form

Fall Spring Summer Year: 20 _____

STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)

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

Undergrad School Attended Degree Grad Year Grad School Attended Degree Grad Year

PARENT/GUARDIAN INFORMATION (All fields required)

EMERGENCY CONTACT INFORMATION (Additional contact other than primary required)

Last Name First Name Last Name First Name

Relationship to student Relationship to student

Email Address Email Address

Phone: Mobile Home Work 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 learn about the Student-at-Large Program at the School of the Art Institute of Chicago?
 SAIC Website Teacher Friend I am a returning student Other _____

COURSE SELECTIONS

Class number Title Class dates Day(s) Meeting times

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CONTINUING STUDIES ACKNOWLEDGMENT + AGREEMENT

- I understand that I am financially responsible for the course(s) for which I am registering.
- 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 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 Students-at-Large and CreatiVets, available 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

PAYMENT INFORMATION

Note: Payment is due at the time of registration.

CREDIT CARD INFORMATION Payment: Check - payable to SAIC Credit Card Money Order - payable to SAIC Tuition Remission: Yes No

Student First Name	Student Last Name	Student ID # (if returning)	Term
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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
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TOTAL AMOUNT DUE: _____