



School of the Art Institute
of Chicago

**School of the Art Institute of Chicago
Registration and Records**

36 South Wabash Avenue, suite 1450
Chicago, IL 60603
Email: saic.registrar@saic.edu
Phone: 312.629.6700 Fax: 312.629.66701

CONTINUING STUDIES

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)

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 _____

Class number _____ Title _____ Class dates _____ Day(s) _____ Meeting times _____

Class number _____ Title _____ Class dates _____ Day(s) _____ Meeting times _____

Class number _____ Title _____ Class dates _____ Day(s) _____ Meeting times _____

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 _____