

## 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 \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

 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](http://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 100 percent tuition refund will be issued one week prior to the session start date. All requests to drop a course must be submitted in writing to [cs@saic.edu](mailto: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 Rights and Responsibilities for ACE Students, available online at [saic.edu/ace](http://saic.edu/ace) > **Forms and Downloads**
- I have read and agree to the terms outlined on the ACE Media Consent Form, available online at [saic.edu/ace](http://saic.edu/ace) > **Forms and Downloads**
- I agree with the foregoing on behalf of myself/my child or ward.
- **Registration/Cancellation:** I understand that I am financially responsible for the course(s) for which I am registering. A full refund will be granted for cancellations submitted **in writing or in person one week before the class. I agree to the foregoing on behalf of myself/my child or ward.** I acknowledge that I have read and agree to SAIC's Vaccination Agreement statement found at [saic.edu/vaxagreement](http://saic.edu/vaxagreement) and will be required to follow SAIC's evolving policies around masking, social distancing, and submission of vaccine status documentation. I understand that if I do not adhere to these policies, I will be at risk of being withdrawn from the program without a refund.

**X**

Signature required of student or parent/legal guardian if student is under 18 years of age.

Date



School of the Art Institute  
of Chicago

## ADULT CONTINUING EDUCATION 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.

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Course Title

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Instructor Name

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Semester

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Signature of student

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*Print name*

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Date