

Registration Form-1

To register for the ECP Summer Institute, please complete and submit the Registration Form-1 along with the completed Medical History Report Form-2.1 and 2.2; Student Rights & Responsibilities-3 and 3.1; Merit Scholarship & Need-Based Financial Aid Form-4; Acknowledgements & Permissions Form-5; and the \$100 tuition deposit form. **Questions? Please call 312.629.6170.** (Note: Phone registration is not available for the ECP Summer Institute.)

STUDENT INFORMATION

Legal Last Name	Legal First Name	Preferred Name	MI	Student ID # (if returning)
Address		ARE YOU AN INTERNATIONAL STUDENT? (Mark yes if you do not hold U.S. citizenship or permanent residency) <input type="checkbox"/> NO <input type="checkbox"/> YES →		
City	State	Zip Code	Apartment	
LEGAL SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Date of Birth	Home Phone	Mobile Phone (Student number required)

Email Address (Enrollment confirmation will be sent here)	School Name		
School City	School State	STUDENT GRADE: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	Graduation Year

Last Name	First Name	Last Name	First Name
Relationship to Student		Relationship to Student	
Email Address		Email Address	
Phone #1 Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2 Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #1 Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2 Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> 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 or Alaska Native Black/African American Native Hawaiian/Pacific Islander White Other

HOUSING

WILL YOU BE RESIDING IN SAIC HOUSING? YES NO IF YES, FOR WHICH SESSION(S)? SESSION 1 SESSION 2 SESSION 3 SESSION 4

ROOMMATE REQUEST? STUDENT NAME(S): _____

COURSE SELECTION

Please indicate your first and second course selections for their respective session. If a space is not available in your first choice, you will be enrolled in your second choice. Courses are only available for a session if they are indicated as such on the first page of the application.

SESSION 1 COURSE SELECTIONS: JUNE 15-JUNE 26, (2-WEEK SESSION)

First Choice Class # First Choice Class Title

Second choice Class # Second Choice Class Title (if first choice is full)

SESSION 3 COURSE SELECTIONS: JULY 13- JULY 24, (2-WEEK SESSION)

First choice Class # First Choice Class Title

Second Choice Class # Second Choice Class Title (if first choice is full)

SESSION 5 COURSE SELECTIONS: JULY 27-31 (1-WEEK SESSION)

First Choice Class # First Choice Class Title

Second choice Class # Second Choice Class Title (if first choice is full)

First Choice Class # First Choice Class Title

Second choice Class # Second Choice Class Title (if first choice is full)

First Choice Class # First Choice Class Title

Second Choice Class # Second Choice Class Title (if first choice is full)

SESSION 4 COURSE SELECTIONS: JUNE 29-JULY 24, (4-WEEK SESSION)

First Choice Class # First Choice Class Title

Second Choice Class # Second Choice Class Title (if first choice is full)

MERIT SCHOLARSHIP & NEED-BASED FINANCIAL AID APPLICANTS

- Applying for financial aid—Complete the Merit Scholarship & Need-Based Financial Aid Form/submit Form 1040 from your family's most recent taxes
- Applying for merit scholarship—Merit Scholarship & Need-Based Financial Aid Form; upload 6-10 examples of work in SlideRoom at saicscholarships.slideroom.com

Medical History Report & Consent for Medical Treatment-2.1

Student Last Name

Student First Name

MI

Date of Birth

Student ID # (if returning)

PARENT/GUARDIAN INFORMATION**EMERGENCY CONTACT INFORMATION**

Last Name

First Name

Last Name

First Name

Relationship to Student

Relationship to Student

Email Address

Email Address

Phone #1 Type: Home Mobile WorkPhone #2 Type: Home Mobile WorkPhone #1 Type: Home Mobile WorkPhone #2 Type: Home Mobile Work**PARENT/GUARDIAN INFORMATION****EMERGENCY CONTACT INFORMATION**

Last Name

First Name

Last Name

First Name

Relationship to Student

Relationship to Student

Email Address

Email Address

Phone Type: Home Mobile WorkPhone Type: Home Mobile WorkPhone Type: Home Mobile WorkPhone Type: Home Mobile Work**INSURANCE INFORMATION—HEALTH INSURANCE IS MANDATORY FOR ALL ECPSI STUDENTS. INTERNATIONAL STUDENTS MUST SUBMIT A WEEK BEFORE THEIR SESSION.**

Insurance Company

Policy Number

Insurance Phone Number

Expiration Date

HEALTH & MEDICAL INFORMATION

The following information is important for the safety and well-being of your child in the event of an emergency. All information is confidential and for medical purposes only. All ECPSI students are required to have health insurance coverage while participating in the program. If you do not already have coverage, you may purchase short-term coverage through Edusure, a marketplace that offers multiple student health insurance offerings or Patriot, a travel plan for students study abroad for international students.

ECPSI students are responsible for making these arrangements, including payment of the premium. Edusure can be reached at 1.800.338.3924 and Patriot can be reached at 1.800.628.4664.

List any illnesses or medical conditions for which you are currently being treated:

Condition	Treatment	Year Diagnosed
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Condition	Treatment	Year Diagnosed
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Condition	Treatment	Year Diagnosed
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List any hospitalizations and/or surgeries:

Hospitalization/Surgery	Reason/Indication	Dates
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Hospitalization/Surgery	Reason/Indication	Dates
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Hospitalization/Surgery	Reason/Indication	Dates
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Medical History Report & Consent for Medical Treatment-2.2

List current medications (include vitamins/herbs/non-prescription medications):

List all allergies:

Medications: _____

Other Allergies: _____

Medical History—check all current or past conditions not indicated above:

- | | | |
|---|---|---|
| <input type="checkbox"/> EYE DISEASE/DEFECT | <input type="checkbox"/> KIDNEY DISEASE | <input type="checkbox"/> TUBERCULOSIS |
| <input type="checkbox"/> HEARING LOSS/EAR PROBLEM | <input type="checkbox"/> LIVER DISEASE | <input type="checkbox"/> HEPATITIS (TYPE: _____) |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> MONONUCLEOSIS/EPSTEIN-BARR VIRUS |
| <input type="checkbox"/> HEART DISEASE/MURMUR | <input type="checkbox"/> SCOLIOSIS | <input type="checkbox"/> SKIN DISORDER: _____ |
| <input type="checkbox"/> HIGH/LOW BLOOD PRESSURE | <input type="checkbox"/> FRACTURES | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> BLOOD OR CLOTTING DISORDER | <input type="checkbox"/> JOINT INJURY | <input type="checkbox"/> DRUG/ALCOHOL PROBLEM |
| <input type="checkbox"/> SICKLE CELL ANEMIA/TRAIT | <input type="checkbox"/> NECK AND/OR BACK PROBLEM | <input type="checkbox"/> TOBACCO USE |
| <input type="checkbox"/> DIZINESS/FAINTING | <input type="checkbox"/> NEUROLOGICAL DISORDER | <input type="checkbox"/> EATING DISORDER |
| <input type="checkbox"/> ANEMIA | <input type="checkbox"/> SEIZURE DISORDER | <input type="checkbox"/> ANXIETY DISORDER |
| <input type="checkbox"/> ULCER DISEASE | <input type="checkbox"/> RECURRENT HEADACHES/MIGRAINE | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> IRRITABLE BOWEL SYNDROME | <input type="checkbox"/> ENDOCRINE DISORDER | <input type="checkbox"/> BIPOLAR DISORDER |
| <input type="checkbox"/> DIGESTIVE PROBLEMS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> OTHER MENTAL ILLNESS |
| <input type="checkbox"/> THYROID DISORDER | <input type="checkbox"/> CANCER/MALIGNANCY | |
| <input type="checkbox"/> OTHER: _____ | | |

Student Rights and Responsibilities—3

RIGHTS AND RESPONSIBILITIES FOR EARLY COLLEGE PROGRAM STUDENTS

Early College Program (ECP) students at SAIC have certain rights and responsibilities commensurate with those of degree-seeking students. These rights and responsibilities, which are subject to change from time to time, can be found in the Student Handbook at: www.saic.edu/studenthandbook

As described in the Student Handbook, these rights and responsibilities include SAIC's Rules of Conduct and Specific Policies. All ECP students are expected to be familiar with and abide by the most current version of the Student Handbook as stated on the SAIC website, subject to the following modifications:

I. The following provisions of the Student Rights and Responsibilities do not apply to ECP students:

- Student Participation In Institutional Government;
- Health Insurance;
- Locker Policy;
- Medical Alcohol and Drug Amnesty Policy; and
- Policies relating to the Academic Review Board, Refund Review Board and Student Employment Committee.

II. In compliance with state law, no ECP student under the age of 18 is permitted to be in possession of any tobacco products or paraphernalia, including cigarettes, electronic cigarettes and rolling papers, at any time while enrolled in the Early College Program.

III. The Additional Residence Hall Policies as set forth in the Student Handbook are modified as follows for ECP students who have elected to live on campus:

- ECP students are not permitted to have guests in the residence halls. Exceptions must be approved in advance by the Hall Director.
- In accordance with the City of Chicago curfew ordinance, ECP students who have elected to live on campus are not be permitted to leave the residence hall after 10:00 p.m. on weekdays (Sunday through Thursday) and 11:00 p.m. on weekends (Friday and Saturday). All residents are required to sign-in for the evening immediately after curfew. Requests to return to the residence hall after curfew will not be granted. Failure to comply with curfew requirements may result in expulsion from the residence hall.
- All requests to be away from the residence hall for the night must be approved in advance by the Hall Director. In addition, the resident's parent or legal guardian must give permission for the overnight absence to the Hall Director via fax or email at least 48 hours prior to the date of requested absence.
- ECP students who elect to live on campus are not permitted to use Chicago's public transportation (CTA buses, Pace buses, Metra, and the L) until they have completed SAIC's CTA orientation.

IV. Allegations of misconduct will generally be resolved using the ECP Administrative Procedures described below. However, SAIC reserves the right, in its sole discretion, to use the Student Conduct Procedures or the Involuntary Withdrawal Procedures outlined in the Student Handbook to address certain allegations of misconduct or behavior that renders a student unable to effectively function in the SAIC community.

ECP ADMINISTRATIVE PROCEDURES

The Vice Provost and Dean of Community Engagement (VPDCE) or his designee will review the allegation of misconduct and initiate an investigation. At SAIC's discretion, the investigation may be conducted by the VPDCE, his designee or Campus Security. The investigator may seek to interview anyone, including the student accused of misconduct.

Any student who provides information to the investigator must provide truthful information. Providing information that is not truthful may constitute a violation of the Student Rules of Conduct. Students, including those accused of misconduct, are expected to cooperate in any investigation. If a student chooses not to cooperate, the investigation will continue and the matter will be resolved without the input of the student declining to cooperate. During the course of the investigation, the student accused of misconduct may be restricted from being present on SAIC's premises and/or attending classes. Upon completion of the investigation, the VPDCE or designee will review the findings and then convene a meeting with the student accused of misconduct and, if available, the student's parent or guardian. At SAIC's discretion, the meeting may be conducted in person, by phone, or by electronic means.

At the meeting, the VPDCE or designee will review the allegation of misconduct and discuss the findings of the investigation with the student. The student will be given the opportunity to explain his/her conduct.

At the conclusion of the meeting, the VPDCE or designee usually will proceed to render a determination as to whether it is more likely than not that the student engaged in an act of misconduct in violation of SAIC's Rules of Conduct or Specific Policies. The VPDCE or designee will discuss this finding with the student. If an ECP student is found to have committed a violation, the VPDCE or designee will determine the sanction, if any, to be imposed upon the student. In extraordinary circumstances, the VPDCE or designee may take the matter under consideration, rather than making a determination at the conclusion of the meeting; in such circumstances, the VPDCE or designee will communicate the outcome of the meeting to the student as soon as possible following the conclusion of the meeting.

Sanctions are imposed at the sole discretion of the VPDCE or designee and may include expulsion from the program and/or the residence hall. In addition, an ECP student found to have violated SAIC's Rules of Conduct or Specific Policies may be prohibited from applying to other programs conducted by SAIC, including degree programs.

In its discretion, SAIC may choose to use procedures and sanctions that differ from the procedures and sanctions that might be applied to a degree-seeking student accused of similar misconduct. Reasons for different handling of ECP conduct issues include the nature of the ECP program, the brief duration of ECP course offerings, the ages of ECP students, and other relevant factors.

Student Rights and Responsibilities—3.1

RULES FOR ECP SUMMER INSTITUTE (RESIDENT STUDENTS ONLY)

CURFEW: In accordance with the City of Chicago's curfew ordinance, ECP students who have elected housing will not be allowed to leave the residence hall after 10:00 p.m. on weeknights (Sunday through Thursday) and 10:00 p.m. on the weekends (Friday and Saturday). All residents will be required to "sign in" for the evening immediately at the curfew time. All requests to be away from the residence hall for the night must be approved by the Hall Director. Your parent/legal guardian must contact the Hall Director via telephone and via a signed fax at least 48 hours prior to the date of departure. Requests to return to the residence hall after curfew will not be granted. Failure to comply with curfew requirements may result in your expulsion from the residence hall.

QUIET HOURS: Quiet hours are in effect Sunday–Thursday, 11:00 p.m.–8:00 a.m. and Friday and Saturday, 12:00–8:00 a.m. During quiet hours, noise in public areas should be kept to a minimum. This includes the TV lounge and studio space. When quiet hours are not in effect, residents should still maintain noise levels that are considerate of the needs of others.

GUESTS/VISITORS: The only visitors allowed for ECPSI students are the parent/legal guardians listed on the ECPSI application. ECPSI student residents are not allowed to have more than three other ECPSI student residents in their room at any given time. The total number of ECPSI student residents allowed in a residence room must not exceed five (two roommates and three guests).

PUBLIC TRANSPORTATION: Students must exercise caution when traveling in and around the campus and are highly encouraged to travel in groups at all times. In addition, students are strongly discouraged from using Chicago's public transportation system (CTA "L" Lines, CTA buses, PACE buses, etc.) unless traveling in groups with at least one person who is familiar with the Chicago area.

CANDLES AND INCENSE: Candles and incense present a serious fire hazard and are not allowed in the residence hall.

FIRE SAFETY: ECPSI students who have elected housing are required to vacate the residence hall when a fire alarm sounds. When an alarm sounds, all residents must walk quickly to the nearest stairwell and exit the building. Everyone should follow the instructions of the Residence Life staff, security officers, and fire personnel. Tampering with smoke detectors, fire extinguishers, or fire alarms in any SAIC facility is strictly prohibited.

WINDOWS: ECPSI students 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. Students may not place signs in or on their windows.

DEMANDS OF THE PROGRAM AND SAFETY (ALL ECPSI STUDENTS)

SAIC's Early College Program Summer Institute (ECPSI) is a rigorous academic program for independent, highly motivated students. To be successful in the program, students must be able to perform at the college level by, among other things, assuming responsibility for getting to and from class on time and managing their obligations with respect to classes, workshops, activities, and homework assignments. Residential students must also be able to adapt to dormitory-style living, while attending to their own needs (i.e., getting appropriate amounts of sleep, eating properly, and requesting medical attention when necessary). Finally, students must be able to conduct themselves in a manner that demonstrates self-regulation and self-discipline at all times, especially during unsupervised free time.

SAIC is located in the center of downtown Chicago, a vibrant setting conducive to great art making. Despite the many attributes of the location, the urban setting and factors that are associated with staying in any large city, should be taken into consideration when prospective students and their parents are deciding whether to register for the program.

ECPSI students are not supervised at all times; they are allowed unsupervised free time for lunch, between classes and curfew, and on the weekends.

Merit Scholarship & Need-Based Financial Aid-4

Students may elect to apply for both merit scholarships need-based financial aid (please check all that apply). In order to apply for any type of aid you must submit:

1. Completed ECPSI Registration Form including course choice(s) and signatures
2. \$100 nonrefundable tuition deposit

I WISH TO APPLY FOR THE MERIT SCHOLARSHIP

All students regardless of income or citizenship may apply for merit scholarship.

In addition to the above, you must also submit:

→ 6–10 images/artwork samples submitted through SlideRoom (saicscholarships.slideroom.com)

Note: Regardless of whether you upload your application materials online or send via mail or fax, merit applications must consist of 6–10 images submitted online through SlideRoom. Artwork may be in any media, regardless of class choice. Creative writing merit scholarship submissions may be imported in SlideRoom as PDFs. Artwork is only required for merit scholarship consideration NOT admission into the program. See attached Application Instructions for steps on submitting this packet and images.

I WISH TO APPLY FOR NEED-BASED FINANCIAL AID

In addition to the above, you must also submit:

→ Copy of family's most recent 1040 Federal Tax Form (first two pages only, unless specified)

Note: Financial assistance covers a percentage of tuition costs only; housing and supply costs are not covered by financial assistance. Financial aid is available to U.S. students only.

ECP Summer Institute registration and merit/need-based financial aid applications take approximately three weeks to process. Acceptance and award letters include a deadline to accept or decline the offer; failure to respond may result in loss of admittance and nonrefundable \$100 tuition deposit. Students will be notified of their financial aid award through the parent/guardian email listed on Registration Form-1 and by way of mail.

MERIT SCHOLARSHIP & NEED-BASED FINANCIAL AID DEADLINE: MARCH 1, 2025

STUDENT INFORMATION

Student Last Name

Student First Name

MI

ID # (if returning)

SSN (required)

Date of Birth

How many family members live in your household?

How many family members are currently in college?

ARE THERE ANY OTHER FAMILY MEMBERS APPLYING FOR FINANCIAL AID FROM SAIC?

 YES NO

If yes, how many? _____

HAVE YOU PREVIOUSLY RECEIVED FINANCIAL ASSISTANCE FROM SAIC?

 YES NO

If yes, when? _____

Acknowledgements & Permissions—5

MEDICAL TREATMENT

I hereby consent to the administration to and upon my minor or ward ("Student"), while enrolled as a student in the ECP Summer Institute ("Program"), of medical examination and treatment which, in the judgment of any physician or nurse selected by the School of the Art Institute of Chicago ("SAIC"), may be necessary or advisable as a preventative or first aid measure in the case of injury, illness, or accident. This consent includes emergency treatment, including but not limited to hospitalization and surgery, where deemed necessary, and the administration of vaccines, anti-toxins, and/or drugs as prescribed by a physician.

It is understood by the undersigned that the Art Institute of Chicago ("Museum") and SAIC assume no responsibility for the physical well-being of the Student nor any financial responsibility for any injury, illness or accident or for any medical or hospital treatment. It is also understood that this consent does not impose a duty upon the Museum or SAIC to provide medical assistance, transportation, or related services. The undersigned hereby releases the AIC, SAIC, and their directors, officers, trustees, employees, agents, volunteers, successors, and assigns from and waive all claims and covenant not to sue for any liability, injury, loss, or damage, including attorneys' fees, in any way connected with any accident, injury, illness, or medical condition sustained or suffered by the Student.

PARTICIPATION IN FIELD TRIPS, EXHIBITION & PHOTOGRAPHIC CONSENT

In consideration of my minor child or ward ("Student") being allowed to participate in any field trip conducted as part of the ECP Summer Institute, I do hereby, for myself, the Student and my dependents, heirs, executors, administrators, agents and assigns, agree to waive, hold harmless, indemnify, covenant not to sue, release, and forever discharge the Art Institute of Chicago, the School of the Art Institute of Chicago and their trustees, officers, employees, members, agents, successors, and assigns (hereafter collectively referred to as "Releasees"), for and from any and all responsibility, liability, causes of action suits, damages, demands, and claims whatsoever which I, the Student or those claiming under either of us may have, suffer, or incur now or in the future resulting from or arising out of the Student's participation in said field trip and any direct or indirect event in connection therewith occurring before, during, and/or after said field trip, including, but not limited to claims for death, personal injury, property damage or loss, whether arising out of alleged strict liability, negligence of Releasees, or otherwise.

In consideration for the Student being permitted to participate in the Program, 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 the Student 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 the Student's name, voice, and biographical material in connection with such recordings. I understand that as part of the Program, the Student may create or participate in the creation of art projects. On behalf of myself and the Student, 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 also grant permission to SAIC to include such projects in exhibitions hosted by or on behalf of SAIC.

I waive, on behalf of myself and the Student, 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 and the Student, I waive, release, and hold harmless SAIC from any claims related to the images described above, the exhibition of Student's art projects, or the exercise of the rights and permissions granted herein, including claims for compensation, claims of defamation, claims of loss of damage to Student's art projects, or any claims regarding rights of privacy or publicity.

RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT + AGREEMENT

By signing below, the undersigned Student and Parent/Legal Guardian each acknowledges that they have read and understand the above Student Rights and Responsibilities and Demands of the Programs and Safety, and, for resident students, the ECP Student Housing Handbook and further agree that the Student shall abide by the terms thereof while participating in the ECP Summer Institute. The undersigned also acknowledge and agree that SAIC may, in its sole discretion, impose sanctions against the Student, including but not limited to expulsion from the ECP Summer Institute and/or residence hall, if the Student fails to adhere to the rules and regulations set forth in these Student Rights and Responsibilities and, for resident students, the ECP Student Housing Handbook. Additionally, the undersigned acknowledge and agree that a violation of these Student Rights and Responsibilities and, for resident students, the ECP Student Housing Handbook may, in SAIC's sole discretion, serve as the basis for denying the Student admission to any other program and may result in the revocation of financial aid and merit scholarships.

STUDENT DISCLOSURE OF CRIMINAL CONVICTIONS

STUDENTS REQUESTING HOUSING

As part of your request for housing in a residence hall, 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 pleaded 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.

YES, I HAVE PLEADED GUILTY/WAS FOUND TO BE GUILTY TO CHARGES I COMMITTED OTHER THAN MINOR TRAFFIC OFFENSES. **NO**

If you checked "yes", you must complete the Student Disclosure of Criminal Convictions and Consent to Obtain Additional Information form. This form can be found at saic.edu/life/housing under the section titled "How to Apply." If you checked "yes" above, you must submit this form with your ECP Summer Institute application. 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.

I understand that no tuition will be refunded and merit scholarship/need-based financial aid may be revoked if I am asked to leave the program for violations of policies or regulations. The information reported on this application is true and correct to the best of my knowledge. Incomplete applications and those received after the first day of class will not be considered.

X

Signature of student

Print Name

X

Signature of parent/legal guardian

Print Name

Payment Information

TUITION AMOUNT: \$100 NONREFUNDABLE TUITION DEPOSIT / FULL TUITION

NEXT STEPS:

1. YOU WILL RECEIVE A CONFIRMATION EMAIL INCLUDING THE STUDENT ID NUMBER ONCE YOUR REGISTRATION HAS BEEN COMPLETED.
2. PAYMENT IS DUE IMMEDIATELY. YOU CAN PAY YOUR TUITION ONLINE AT SAIC.EDU/CSPAYMENT. IF A PAYMENT IS NOT MADE ON TIME, YOU ARE SUBJECT TO REMOVAL FROM THE COURSE.

QUESTIONS? CONTACT CONTINUING STUDIES AT 312.629.6170 OR EMAIL CS@SAIC.EDU.

REFUND POLICY

All withdrawal requests must be submitted in writing to ecp@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.

- **One hundred percent of the tuition charge, less \$100 nonrefundable tuition deposit, is refundable only if courses are dropped by May 1. If a course is dropped after the deadline, no refund will be granted. Note: this date applies for all sessions.**

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

NOTE: No tuition will be refunded, and financial aid and merit scholarships may be revoked, if a student is asked to leave the program for violations of policies or regulations.

Accommodations for Students with Disabilities

The School of the Art Institute of Chicago is committed to providing opportunities for full participation in all programs for students with disabilities, including Continuing Studies students and Students At Large. Disabled students should first contact the Disability and Learning Resource Center (DLRC) to request reasonable accommodations. To plan for the most effective accommodations, we ask that you contact the DLRC at least two weeks before the start date for your course. For more detailed information about the DLRC and the accommodations process, see <https://www.saic.edu/life-at-saic/wellness-center/disability>. The DLRC can be reached by phone at 312- 499-4278 or email dlrc@saic.edu.