

PLEASE MAIL, FAX, OR DELIVER IN PERSON TO:  
 The 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: 312.629.6701

Term: Summer 2017

**ABANDONED PRACTICES INSTITUTE**  
 Adult Continuing Education Registration Form

E-Mail (required) \_\_\_\_\_ ID# (if returning) \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender:  Male  Female

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of legal residency \_\_\_\_\_

Art Institute of Chicago Member?  YES  NO Membership ID# \_\_\_\_\_ Exp. date \_\_\_\_\_

An SAIC alumnus/alumna?  YES  NO Alumni ID# \_\_\_\_\_  Copy of SAIC Alumni ID card attached.

Art Therapy field work or Art Education student teacher supervisor?  Remission card attached.

Course:

ABANDONED PRACTICES INSTITUTE	<input type="checkbox"/> CREDIT: \$4,419
Tuition Amount	<input type="checkbox"/> NON - CREDIT: \$1,755

Note: Campus housing is available for a fee - visit [saic.edu/ace](http://saic.edu/ace), select Degree Program Classes for Credit , then Campus Housing: Summer for more information.

**PLEASE READ:** Registration for non-SAIC students.

In order to receive your Student ID and register for the course, you must:

- Submit this form to the Registrar and pay tuition in full.
- Follow instructions sent via email from the Registrar in order to complete the registration process

See [www.abandonedpractices.org](http://www.abandonedpractices.org)

X \_\_\_\_\_  
 Signature REQUIRED

For Office Use Only:

Fax \_\_\_\_\_ Mail \_\_\_\_\_ In-Person \_\_\_\_\_ ID# \_\_\_\_\_

PS Reg \_\_\_\_\_ Confirm Payment Method:  Check  Money Order  Credit Card (make payment online)  Remission



**Total Due:**

Calculate from Previous Page

**Note:** Payment is due at the time of registration.

Payment:  Check - payable to SAIC  Credit Card  Money Order - payable to SAIC

FOR OFFICE USE ONLY:

ID # \_\_\_\_\_

Date Registered \_\_\_\_\_ Initials \_\_\_\_\_

Tuition Remission:  Yes  No

**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 \_\_\_\_\_