

registration form

spring 2012

Rhode Island School of Design
Department of Continuing Education
Two College Street, Providence, RI 02903

telephone 401 454-6200
outside local area 800 364-7473, ext. 2
www.risd.edu/ce

OFFICIAL USE ONLY _____

PLEASE PRINT FULL NAME (REGISTER ONLY ONE STUDENT PER FORM. COPY THIS FORM OR REQUEST ADDITIONAL FORMS IF NECESSARY.)

STUDENT'S LAST NAME FIRST MIDDLE

DATE OF BIRTH [] MALE [] FEMALE

XXX - XX -

HOME ADDRESS

SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)

CITY STATE ZIP CODE

OCCUPATION

HOME PHONE WORK PHONE

NAME OF PARENT/GUARDIAN IF STUDENT IS A MINOR

EMAIL ADDRESS [] I PREFER NOT TO RECEIVE PROMOTIONAL EMAILS

NAME OF EMERGENCY CONTACT FOR MINORS

PLEASE TELL US HOW YOU LEARNED ABOUT RISD CONTINUING EDUCATION

TELEPHONE OF EMERGENCY CONTACT FOR MINORS

FOR STATISTICAL PURPOSES ONLY, PLEASE CHECK ONE (OPTIONAL)

[] AFRICAN AMERICAN [] ASIAN [] CAUCASIAN [] HISPANIC/LATINO [] NATIVE AMERICAN [] MULTI-ETHNIC (PLEASE SPECIFY): _____

COURSES

	TUITION	SPECIAL FEES	SUBTOTAL
	\$	+ \$	= \$
COURSE NUMBER SECTION NUMBER COURSE TITLE (FIRST FIVE WORDS)	\$	+ \$	= \$
COURSE NUMBER SECTION NUMBER COURSE TITLE (FIRST FIVE WORDS)	\$	+ \$	= \$
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Tuition Discount (see page 55 for details) \$ _____

DISCOUNTS

[] Senior Citizen [] RISD Matriculated Student
[] RISD Alumna/us: Year Graduated _____ Major _____
[] RISD Museum Member: Membership # _____ Exp. Date _____

Certificate fee \$25 for declared certificate candidates only \$ _____

TOTAL DUE \$ _____

CERTIFICATE STUDENT STATUS *if applicable*

PLEASE CHECK ALL THAT APPLY	CHECK THE APPROPRIATE PROGRAM		YOUNG ADULTS	
[] I am enrolling as a certificate candidate for the first time this semester, and my certificate application is attached.	[] Advertising Design	[] Digital Video Production	[] Animation	[] Game Design
	[] Animation	[] Drawing + Painting Studies	[] Art School Preparation	[] Movie-Making
[] I am currently enrolled as a certificate candidate.	[] Apparel Design	[] Graphic Design	[] Comic Art	[] Photography
	[] Appraisal Studies in Art + Antiques	[] Interior Design	[] Fashion Design	
	[] Children's Book Illustration	[] Jewelry + Light Metals		
	[] Comic + Sequential Art	[] Natural Science Illustration		
	[] Digital Photography	[] Web Design + Development		

POLICY AGREEMENT

By registering, I agree to abide by RISD|CE's academic, financial, disciplinary, and other policies referenced in the RISD|CE catalog and website.

STUDENT SIGNATURE (IF STUDENT IS A MINOR, PARENT OR GUARDIAN MUST SIGN)

DATE

PAYMENT

PAYMENT IN FULL IS REQUIRED TO REGISTER. PLEASE INDICATE FORM OF PAYMENT. (NO CASH PAYMENTS ACCEPTED.)

[] Check or money order made payable to RISD|CE

CHARGE TO [] VISA [] MASTERCARD

[] Written evidence that tuition is paid by employer, scholarship or agency

ACCOUNT NUMBER

EXPIRATION DATE

NAME ON CARD

BILLING ADDRESS: HOUSE NUMBER (IF DIFFERENT FROM ABOVE)

BILLING ADDRESS: ZIP CODE (IF DIFFERENT FROM ABOVE)

Fax or mail to:
401 454-6218
RISD|CE
Two College Street
Providence, RI 02903
or call 401 454-6200 (option #0)