

risd|ce registration form

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

OFFICIAL USE ONLY CE _____ HR _____

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____ DATE OF BIRTH (REQUIRED FOR MINORS) _____ MALE FEMALE

HOME ADDRESS _____ NAME OF PARENT/GUARDIAN IF STUDENT IS A MINOR _____

CITY _____ STATE _____ ZIP CODE _____ NAME OF EMERGENCY CONTACT FOR MINORS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ TELEPHONE OF EMERGENCY CONTACT FOR MINORS _____

EMAIL ADDRESS _____ I prefer not to receive promotional emails

PLEASE TELL US HOW YOU LEARNED ABOUT RISD CONTINUING EDUCATION _____

RACE/ETHNICITY INFORMATION IS OPTIONAL. INFORMATION YOU PROVIDE WILL NOT BE USED IN A DISCRIMINATORY MANNER.

ARE YOU HISPANIC OR LATINO? YES NO
 SELECT ONE OR MORE OF THE FOLLOWING RACES: AMERICAN INDIAN OR ALASKA NATIVE ASIAN
 BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

COURSES			TUITION	SPECIAL FEES	SUBTOTAL
COURSE # SECTION #	COURSE TITLE (FIRST FIVE WORDS)	START DATE (MM/DD/YY)	\$	+ \$	= \$
COURSE # SECTION #	COURSE TITLE (FIRST FIVE WORDS)	START DATE (MM/DD/YY)	\$	+ \$	= \$
COURSE # SECTION #	COURSE TITLE (FIRST FIVE WORDS)	START DATE (MM/DD/YY)	\$	+ \$	= \$

10% DISCOUNTS Senior Citizen
 Tuition Discount \$ _____
 The discount does not apply to special fees.
 RISD Alumna/us: Year Graduated _____ Major/Certificate _____ **TOTAL DUE \$** _____
 RISD Museum Member # _____ Exp. Date _____/_____/_____

REMITTED TUITION
 RISD Employee/Dependent: Employee Name _____ ID# (last 7 digits) _____
 Employees are responsible for special fees.

POLICY AGREEMENT

By registering, I consent to and agree to abide by RISD|CE's academic, financial, disciplinary and other policies referenced on the RISD|CE website. I also give RISD|CE permission to communicate enrollment, academic and financial information via email to the email address noted above.

STUDENT SIGNATURE (IF STUDENT IS A MINOR, PARENT OR GUARDIAN MUST SIGN) _____ DATE (MM/DD/YY) _____

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

Fax
 401 454-6218
Web
 ce.risd.edu

Mail
 RISD|CE
 Two College Street
 Providence, RI 02903

Questions
 401 454-6200 (OPTION #0)
 OR cemail@risd.edu