

Please enter only one student per form.

**YOUNG ARTISTS ONLY (UNDER AGE 18)**

STUDENT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ CHOSEN NAME \_\_\_\_\_

DATE OF BIRTH (REQUIRED FOR MINORS) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

REGISTERED BY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ARE YOU THE LEGAL PARENT/GUARDIAN OF THIS STUDENT?

YES  NO

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I prefer not to receive promotional emails

EMAIL \_\_\_\_\_

PLEASE TELL US HOW YOU LEARNED ABOUT RISD CONTINUING EDUCATION \_\_\_\_\_

SCHOOL/ORGANIZATION (IF APPLICABLE) \_\_\_\_\_

**DEMOGRAPHIC INFORMATION IS OPTIONAL, AND WILL BE USED FOR PURPOSES ONLY.**

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

GENDER IDENTITY: \_\_\_\_\_

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

**PAYMENT (PHONE REGIS.)**

CHECK/MONEY ORDER

VISA / MASTERCARD:

**REMITTED TUITION**

RISD Employee/Dependent: Employee Name \_\_\_\_\_ ID# (last 7 digits) \_\_\_\_\_

Employees are responsible for special fees.

OTHER: \_\_\_\_\_

**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) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STAFF INITIALS (PHONE REG.) \_\_\_\_\_

**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  
cemail@risd.edu