

# 2024 General Information and Application Checklist

## APPLICATION CHECKLIST

Students may register for more than one session, but only one course per session. Students cannot register for sessions 2 or 3 concurrently with session 4, as they overlap dates. Only completed applications will be reviewed for enrollment. Registration materials will be accepted beginning November 1 via SlideRoom at <http://saic.edu/ecpmerit>.

### SESSION ONE

**JUNE 17–JUNE 28**

#### 2.0 College Credits - 2-week program

Classes are M–F, 9:00 a.m.–4:00 p.m. and T/Th 6:00 p.m.–8:00 p.m.

#### Residence check-in :

Sunday, June 16, 11:00 a.m.–3:00 p.m.

**First day of classes:** Tuesday, June 20

(*Juneteenth observed on June 18; special programming will be provided*)

**Last day of classes:** Friday, June 28

#### Student Exhibition:

Friday, June 28

#### Residence hall move out:

Saturday, June 29 by 12:00 p.m.

(1015) Architecture: Analog & Digital  
(1054) Art History: Modern &  
(1016) Experimental Drawing  
(1017) Figure Drawing  
(1018) Alt Comics/Graphic Novels  
(1019) Fashion Design  
(1020) 2D Animation  
(1021) Advanced Projects  
(1022) Oil Painting  
(1046) Digital Photo: Post-Production  
(1023) Art and Street Culture  
(1024) Adv. Painting/Drawing Studio  
(1025) Adv. Painting/Drawing Studio  
(1026) Adv. Painting/Drawing Studio  
(1027) Visual Communication Design

#### SESSION ONE COSTS

Tuition .....\$3,570

(includes \$100 nonrefundable deposit)

Housing (\$1,000) + Meals (\$200).....\$1,200

(*Note: Housing is optional, but the meal plan is required for students that live on campus.*)

**TOTAL.....\$4,770**

Additional expenses\* (suggested)

Incidentals/personal spending.....\$200

Supplies.....\$300

### SESSION TWO

**JULY 1–JULY 12**

#### 2.0 College Credits - 2-week program

Classes are M–F, 9:00 a.m.–4:00 p.m. and T/Th 6:00 p.m.–8:00 p.m.

#### Residence check-in :

Sunday, June 30, 11:00 a.m.–3:00 p.m.

**First day of classes:** Monday, July 1

(*Independence day observed on July 4; special programming will be provided*)

**Last day of classes:** Friday, July 12

#### Student Exhibition:

Friday, July 12

#### Residence hall move out:

Saturday, July 13 by 12:00 p.m.

(1028) Architecture: Analog & Digital  
(1029) Experimental Drawing  
(1030) Figure Drawing  
(1031) Alt. Comics/Graphic Novels  
(1032) Fashion Design  
(1034) 2D Animation  
(1035) 3D Animation  
(1036) Advanced Projects  
(1037) Oil Painting  
(1038) Adv. Painting/Drawing Studio  
(1039) Adv. Painting/Drawing Studio  
(1040) Sculpture: Materials/Methods

#### SESSION TWO COSTS

Tuition .....\$3,570

(includes \$100 nonrefundable deposit)

Housing (\$1,000) + Meals (\$200).....\$1,200

(*Note: Housing is optional, but the meal plan is required for students that live on campus.*)

**TOTAL.....\$4,770**

Additional expenses\* (suggested)

Incidentals/personal spending.....\$200

Supplies.....\$300

### SESSION THREE

**JULY 15–JULY 26**

#### 2.0 College Credits - 2-week program

Classes are M–F, 9:00 a.m.–4:00 p.m. and T/Th 6:00 p.m.–8:00 p.m.

#### Residence check-in :

Sunday, July 14, 11:00 a.m.–3:00 p.m.

**First day of classes:** Monday, July 15

**Last day of classes:** Friday, July 26

#### Student Exhibition:

Friday, July 26

#### Residence hall move out:

Saturday, July 27 by 12:00 p.m.

(1041) Experimental Drawing  
(1042) Figure Drawing  
(1043) Fashion Construction  
(1044) Material Manipulation  
(1045) 2D Animation  
(1046) Video: Artist as Storyteller  
(1047) Advanced Projects  
(1048) Portfolio Prep Studio  
(1049) Oil Painting  
(1050) Figure Painting  
(1051) Adv. Painting/Drawing Studio  
(1052) Adv. Painting/Drawing Studio

#### SESSION THREE COSTS

Tuition .....\$3,570

(includes \$100 nonrefundable deposit)

Housing (\$1,000) + Meals (\$200).....\$1,200

(*Note: Housing is optional, but the meal plan is required for students that live on campus.*)

**TOTAL.....\$4,770**

Additional expenses\* (suggested)

Incidentals/personal spending.....\$200

Supplies.....\$300

### SESSION FOUR

**JULY 1–JULY 26**

#### 4.0 College Credits - 4-week program

Classes are M–F, 9:00 a.m.–4:00 p.m. and T/Th 6:00 p.m.–8:00 p.m.

#### Residence check-in :

Sunday, June 30, 11:00 a.m.–3:00 p.m.

**First day of classes:** Monday, July 1

**Last day of classes:** Friday, July 26

#### Student Exhibition:

Friday, July 26

#### Residence hall move out:

Saturday, July 27 by 12:00 p.m.

(1053) Adv. Painting & Drawing Studio

#### SESSION FOUR COSTS

Tuition .....\$7,140

(includes \$100 nonrefundable deposit)

Housing (\$2,000) + Meals (\$400).....\$2,400

(*Note: Housing is optional, but the meal plan is required for students that live on campus.*)

**TOTAL.....\$9,540**

Additional expenses\* (suggested)

Incidentals/personal spending.....\$350

Supplies.....\$450

### SESSION FIVE

**JULY 29–AUGUST 2 · 1.0 College Credits · 1-week program · Classes are M–F, 9:00 a.m.–4:00 p.m. and T/Th 6:00 p.m.–8:00 p.m.**

**Residence check-in :** Sunday, July 28, 11:00 a.m.–3:00 p.m. • **First day of classes:** Monday, July 29 • **Last day of classes:** Friday, August 2 • **Open Studio:** Friday, August 2

**Residence hall move out:** Saturday, August 3 by 4:00 p.m.

**COURSES:** (1011) Advanced Projects • (1010) Experimental Drawing • (1013) Oil Painting • (1014) SAIC Painting and Drawing (1012) Portfolio Prep Studio: The Final Presentation • (1009) Writer's Studio • *View our full course descriptions online [here](#).*

#### SESSION FIVE COSTS

Tuition (includes \$100 nonrefundable deposit): **\$1,785**

Housing (\$500) + Meals (\$100) = **\$600** (*Housing is optional, but the meal plan is required for students that live on campus.*)

**TOTAL \$2,385** • Additional expenses\* (suggested) Incidentals/personal spending \$200 • Supplies \$300

\* *NOTE: Students may spend more or less than the recommended amounts listed above. Supply costs vary for each course and are determined in part by students' individual projects and material choices.*

#### SEE ATTACHED APPLICATION INSTRUCTIONS FOR DETAILS ON HOW TO SEND IN (LAST PAGE OF PACKET)

QUESTIONS? **PHONE:** 312.629.6170 **EMAIL:** [ECP@SAIC.EDU](mailto:ECP@SAIC.EDU) **WEB:** [SAIC.EDU/ECP](http://SAIC.EDU/ECP)

#### VISA INFORMATION: Required for international students only\*

\* SAIC will issue documentation for a student visa to international students registering for any two-week session (or more) of the ECP Summer Institute who have been recommended by the nearest U.S. Embassy or Consulate to obtain a Form I-20 from SAIC International Affairs. However, not all students need the documentation (called an I-20 form). The most common cases where students do not need an I-20 include the following: Are a US citizen or permanent resident; are currently attending a high school within the US and have an I-20 from that school; are visiting the US as a tourist and wish to take only a vocational or recreational course.

To determine if you will need an I-20 form from SAIC to apply for a student visa, please contact your local US Consulate or Embassy for further advising; see [usembassy.gov](http://usembassy.gov) or [educationusa.state.gov](http://educationusa.state.gov) for more details. If you are advised to obtain an I-20 or have additional questions, please contact SAIC International Affairs at [intaff@saic.edu](mailto:intaff@saic.edu) or call 312.629.6830. International Affairs advises that students wait to finalize their travel plans until after their visa has been approved and issued unless otherwise advised by the U.S. Embassy or Consulate.

# 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		<b>ARE YOU AN INTERNATIONAL STUDENT?</b> (Mark yes if you do not hold U.S. citizenship or permanent residency) <input type="checkbox"/> NO <input type="checkbox"/> YES →		Apartment
City	State	Zip Code	Country of Citizenship (international students)	
<b>LEGAL SEX:</b> <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	<b>STUDENT GRADE:</b> <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR		Graduation Year

## PARENT/GUARDIAN INFORMATION

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

## 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 17-JUNE 28, (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 15-JULY 26, (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 29-AUGUST 2 (1-WEEK SESSION)

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

**NOTE: ONLY ONE COURSE WILL BE TAKEN FROM 9-4 M-F EACH DAY IN EACH SESSION.**

### SESSION 2 COURSE SELECTIONS: JULY 4-JULY 15, (2-WEEK SESSION)

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

### SESSION 4 COURSE SELECTIONS: JULY 1-26, (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](http://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  Work Phone #2 Type:  Home  Mobile  Work Phone #1 Type:  Home  Mobile  Work Phone #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  Work Phone Type:  Home  Mobile  Work Phone Type:  Home  Mobile  Work Phone 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 \_\_\_\_\_

Condition \_\_\_\_\_ Treatment \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

Condition \_\_\_\_\_ Treatment \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

**List any hospitalizations and/or surgeries:**

Hospitalization/Surgery \_\_\_\_\_ Reason/Indication \_\_\_\_\_ Dates \_\_\_\_\_

Hospitalization/Surgery \_\_\_\_\_ Reason/Indication \_\_\_\_\_ Dates \_\_\_\_\_

Hospitalization/Surgery \_\_\_\_\_ Reason/Indication \_\_\_\_\_ Dates \_\_\_\_\_

## Medical History Report & Consent for Medical Treatment-2.2

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

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**List all allergies:**

Medications: \_\_\_\_\_

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Other Allergies: \_\_\_\_\_

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**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"/> DIZZINESS/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

The current Rights and Responsibilities information can be found online at: <https://www.saic.edu/sites/default/files/legacy/ECP-Students-Rights-Responsibilities.pdf>

## 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](http://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

**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](http://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

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**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.**

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### REFUND POLICY

All withdrawal requests must be submitted in writing to [ecp@saic.edu](mailto: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.***

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### 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](mailto:dlrc@saic.edu).

## Application Instructions

Regardless of how you send in your application, a parent/legal guardian must sign required section for the application to be considered and processed. A tuition deposit of \$100 is required to process any application. After May 1, full payment of tuition is required. If you have any questions, please contact us at 312.629.6170 or ecp@saic.edu.

### APPLYING ONLINE

If you would like to submit all application materials online and apply for need-based aid and/or merit scholarship, you must pay the \$100 tuition deposit via credit card using the form on page 9 and follow the steps below. If you would like to pay the tuition deposit via check or money order, please see the instruction listed at the bottom of the page.

**NOTE: IF YOU ARE SUBMITTING WITHOUT APPLYING FOR NEED-BASED AID AND/OR MERIT SCHOLARSHIP, TUITION IS DUE AT THE TIME OF ENROLLMENT.**

#### Registration Form

- Download the registration form from: [www.saic.edu/ecpsireg](http://www.saic.edu/ecpsireg)
- Once you have downloaded the PDF, open using Adobe Acrobat Reader or Pro. You can download Acrobat Reader for free online: <https://get.adobe.com/reader/>
- Complete entire form, including digital signatures.
- Make sure to "Save As" and save the file with your name or another title of your choice. This ensures that info will be saved and visible when uploaded.  
**FILE > SAVE AS > Name\_ECPSI\_2024.pdf**

It is best practice to close the file once you have saved/renamed and open again to make sure you can see the info.

#### Merit and/or Need-Based Financial Aid

If you are also applying for financial aid and/or a merit scholarship, please follow steps below.

If you are not applying for these, skip to next steps.

- Make sure to fill in the Merit Scholarship and Need-Based Financial Aid Form-4 (page 7 of this packet).
- Prepare financial aid documents for online upload. Financial documentation should include a copy of Form 1040 (first two pages) from the family's most recent tax return. If you are unable to submit these documents, please contact us at [ecp@saic.edu](mailto:ecp@saic.edu). You may scan these documents or take a picture and upload as long as all information is legible.
- Prepare images for merit scholarship. 6-10 images are required for merit consideration. Jpeg files are best for artwork images, with at least 800 pixels on longest edge. You may also submit PDF files, audio files, or video files. Please limit audio and video files to under 5 minutes.

#### Upload to SlideRoom

- Once you have all of your forms, documents, and/or images, you are ready to upload them online to finish the process!
- Create a SlideRoom account at [saicscholarships.slideroom.com](http://saicscholarships.slideroom.com) with your name
- Choose Early College Program Summer Institute - 2024 from the program choices
- Upload your completed and signed ECP Summer Institute Registration Form (PDF) in the attachment section.
  - If applying for Financial Aid, upload your Financial Aid Document(s) in the attachment section (Financial Aid Documents).
  - If applying for Merit Scholarship, upload 6-10 images of your best artwork in the media section.
- Once you have all items uploaded, click the submit button. Please make sure you have everything uploaded before you submit, as you cannot go back once you have completed that step. You may save your application as you go until you submit.

#### International Student Applicants

Please check with the nearest U.S. Embassy or Consulate for recommendations on required immigration documents for your short term study at SAIC.

Proof of English Language Proficiency is required for any student requesting an I-20 form from SAIC and who is from a country with an official language other than English. You may submit a TOEFL score, SAT/ACT score or high school transcript if you attend a U.S.-accredited high school (IB or International school). Please contact Continuing Studies directly if you cannot submit any of these options.

#### APPLYING BY MAIL:

Mail your completed registration form to:

**ECP Summer Institute**  
**36 S Wabash Ave., Suite 1201**  
**Chicago, IL 60603**

*If you are applying for financial aid online and/or a merit scholarship, please follow steps indicated above.*

#### APPLYING BY FAX:

Fax your completed registration form to: **312.629.6171**

IF YOU HAVE ANY CONCERNS OR REQUIRE ASSISTANCE,  
PLEASE CONTACT US!

**PHONE: 312.629.6170**

**EMAIL: ECP@SAIC.EDU**