

# registration form 1

## risd summer studies 2009

FOR OFFICIAL USE ONLY

ID #

DATE RECEIVED

### COMPLETE THIS FORM TO REGISTER FOR SUMMER STUDIES COURSES AT RISD (FOR STUDY ABROAD, USE FORM 2)

MAIL WITH REQUIRED ATTACHMENTS TO: Summer Studies Program  
 OR FAX TO: 401 454-6218  
 PLEASE TYPE OR PRINT CLEARLY

RISD|CE  
 Two College Street  
 Providence, RI 02903-2787

### FOR STATISTICAL PURPOSES ONLY, PLEASE CHECK ONE (OPTIONAL)

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

STUDENT'S LAST NAME FIRST MIDDLE

DATE  MALE  FEMALE

PERMANENT/HOME MAILING ADDRESS: STREET

DATE OF BIRTH

CITY STATE COUNTRY ZIP CODE OR MAILING CODE (IF ANY)

SOCIAL SECURITY NUMBER (REQUIRED OF ALL U.S. RESIDENTS FOR IRS REPORTING)

HOME TELEPHONE NUMBER INCLUDING AREA CODE AND COUNTRY CODE (IF OUTSIDE THE U.S.)

NAME OF EMERGENCY CONTACT RELATIONSHIP

E-MAIL ADDRESS FAX NUMBER (IF ANY)

EMERGENCY CONTACT TELEPHONE (DIFFERENT FROM HOME TELEPHONE)

HOW DID YOU LEARN ABOUT RISD'S SUMMER PROGRAMS?

**CITIZENSHIP STATUS**  
 I am a US citizen  
 I am not a US citizen (attach completed Student Visa Information Form)

### STUDENT STATUS

**CHECK ALL THAT APPLY**  
 I am a graduating high school senior.  
 I am enrolled in a RISD degree program. MAJOR \_\_\_\_\_  
 RISD BOX # \_\_\_\_\_  
 I currently attend another college or university. MAJOR \_\_\_\_\_  
 I am not currently a student. Occupation \_\_\_\_\_

**EDUCATIONAL LEVEL AS OF SEPTEMBER 2009**  
 freshman  senior  
 sophomore  graduate student  
 junior  other: \_\_\_\_\_

### IF CURRENTLY ENROLLED AT A SCHOOL OTHER THAN RISD, PLEASE PROVIDE

SCHOOL NAME

STUDENT'S TELEPHONE NUMBER AT SCHOOL THROUGH DATE

STUDENT'S MAILING ADDRESS AT SCHOOL: STREET

STUDENT'S E-MAIL ADDRESS AT SCHOOL THROUGH DATE

CITY STATE COUNTRY ZIP CODE OR MAILING CODE (IF ANY)

PREVIOUS COLLEGE OR UNIVERSITY MAJOR

DEGREE RECEIVED AND YEAR GRADE POINT AVERAGE

### HOUSING AND DINING SERVICES

I plan to live off campus. (Off-campus address and phone must be listed above or provided to RISD|CE upon confirmation of your summer housing.)  
 I plan to live on campus. (Completed Residence Life Questionnaire and housing fees are enclosed with this form.)

#### HOUSING

Indicate your first choice of room below and include the corresponding fee. Also, on the Residence Life Questionnaire (included in this packet) list your first three choices, as availability is limited. Adjustments to fees paid are made as necessary after your arrival. Students requiring short-term housing (under two weeks) must contact the Residence Life office in writing.

	6 WEEKS	4 WEEKS	3 WEEKS	2 WEEKS
<b>HILL HOUSES</b> shared bedroom	<input type="checkbox"/> \$1130	<input type="checkbox"/> \$775	<input type="checkbox"/> \$585	<input type="checkbox"/> \$415
private bedroom	<input type="checkbox"/> \$1420	<input type="checkbox"/> \$965	<input type="checkbox"/> \$740	<input type="checkbox"/> \$500
<b>APARTMENTS</b> shared	<input type="checkbox"/> \$1655	<input type="checkbox"/> \$1165	<input type="checkbox"/> \$885	<input type="checkbox"/> \$625
private studio	<input type="checkbox"/> \$1895	<input type="checkbox"/> \$1325	<input type="checkbox"/> \$1015	<input type="checkbox"/> \$680
<i>Design Foundations + Field Ecology</i>	<input type="checkbox"/> \$625			

#### DINING

(CHOOSE ONE OPTION)

Students living in RISD Hill Houses for three weeks or more must select a dining plan. Students should contact Dining Services at 401 454-6642 if they want to extend or alter published dining contracts.

- Dining Option 1 \$1025
- Dining Option 2 \$765
- Dining Option 3 \$695
- Dining Option 4 \$530
- Dining Option 5 \$350

# registration form 1 (continued)

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STUDENT'S LAST NAME FIRST MIDDLE

### COURSE SELECTION, TUITION AND FEES

Indicate your choices for courses below.

COURSE #	COURSE TITLE				TUITION	+	SUPPLEMENTAL FEES	=	SUBTOTAL
		UNDERGRADUATE CREDIT	GRADUATE CREDIT	NON-CREDIT					
COURSE 1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	+	\$ _____	=	\$ _____
COURSE 2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	+	\$ _____	=	\$ _____
COURSE 3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	+	\$ _____	=	\$ _____
<b>TOTAL TUITION + FEES:</b>					\$ _____	+	\$ _____	=	\$ _____

**TUITION AND FEES** Please enclose the nonrefundable tuition deposit of \$100 per class if registering on or before April 1 \$ \_\_\_\_\_

If registering after April 1, enclose total tuition and fees (from table above) \$ \_\_\_\_\_

**REGISTRATION FEE** (nonrefundable) \$ 50

**PHOTOGRAPHY COURSES** \$100 darkroom kit deposit \$ \_\_\_\_\_

**STUDENTS REQUIRING 1-20 CERTIFICATES** enclose the \$150 administrative fee \$ \_\_\_\_\_

**HOUSING AND DINING FEES** Please enclose the \$200 nonrefundable housing deposit if registering before April 1 \$ \_\_\_\_\_

If registering after April 1, enclose the total housing and dining amount (see side one) \$ \_\_\_\_\_

**COMMUTER OPTION** enclose Dining Option 5 amount of \$350 if desired \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

### PAYMENT

#### CHECK ALL THAT APPLY

- Check or money order payable to RISD | CE       MasterCard
- Deposit(s) only       VISA
- Payment in full

#### CREDIT CARD INFORMATION (Note: Credit Cards only; no Debit Cards)

— — —

ACCOUNT NUMBER \_\_\_\_\_

3-DIGIT SECURITY CODE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

CARDHOLDER NAME (AS PRINTED ON CARD) \_\_\_\_\_

### STUDENT AGREEMENT

This is to certify that I have read the information about the 2009 RISD Summer Studies Program contained in this catalog. I agree to conform to the policies and regulations of these programs and Rhode Island School of Design. I understand that any deviation may result in immediate dismissal from the college and the forfeiture of all refunds. If I withdraw for any reason, I will abide by the refund schedules as published in this catalog. I understand that all tuition, room, board and program fees must be paid in full by the published deadlines.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE IF STUDENT IS A MINOR \_\_\_\_\_ DATE \_\_\_\_\_