



summer 2018 registration

[REGISTRATION IS SUBJECT TO ALL TERMS AND CONDITIONS SET FORTH IN THE BULLETIN]

Social Security Number Birth Date (Month/Day/Year) REQUIRED TO ACCESS GRADES

Last Name First Name M.I.

I have previously taken a class at SVA This is a change of address Gender M F

Street Address Apt

City State Country Zip/Country Code

Home Telephone Alternative Telephone

E-mail

WHERE DID YOU HEAR ABOUT THE SCHOOL OF VISUAL ARTS?

Advertisement Twitter
 Friend Linked In
 Returning Student Internet Search
 Walk-in CE Blog
 Facebook Other (please specify) _____

DEMOGRAPHIC INFORMATION

Hispanic of any race Black or African American
FOR NON-HISPANICS ONLY: Native Hawaiian or Other Pacific Islander
 American Indian White
or Alaska Native Two or more races
 Asian

COURSE NUMBER	TUITION	FEE
TOTAL PAYMENT		

send a bulletin to a friend

If you have a friend who may be interested in taking courses at SVA, please print their information below and we will gladly send them a bulletin.

Name _____

Street Address _____

City State Zip _____

E-mail _____

office use only

Date/Time received	Information Verified by
Student ID number	Registered by
Confirmation number	Receipt number
Advisor signature (Required for all matriculating SVA students)	
Authorization code/date	FA use only

PAYMENT METHOD

Check Enclosed Money Order Credit Card American Express
 Visa MasterCard Discover JCB

Number Expires

Card holder signature

[Signature of parent (if student under 18). I hereby authorize the use of my credit card]

Print Name