SVA NYC

fall 2017 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
☐ Friend
☐ Returning Student
☐ Walk-in
☐ Facebook
☐ Twitter
☐ Linked In
☐ Internet Search
☐ CE Blog
☐ Other (please specify) _____

DEMOGRAPHIC INFORMATION

☐ Hispanic of any race

FOR NON-HISPANICS ONLY:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or more races

COURSE NUMBER	TUITION	FEE
TOTAL PAYMENT		

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

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