

SFAI SAN FRANCISCO ART INSTITUTE

REGISTRATION FORM

Registration Term: _____

 Last Name First Name Student ID

 Date of Birth Email Address Phone Number

Degree Program: MA MFA MA/MFA PB BA BFA ND _____
 Major

 Street Address Apartment/Suite

 City State/Province Zip Code Is this your billing address? Yes No

 Emergency Contact's Full Name Relationship Phone Number / Email Address

The below information is collected for compliance with federal regulations and is optional for students to complete.
 Hispanic/Latino: Yes No Race: American /Alaska Native Asian
 Black or African American White
 Gender: Female Male Hawaiian/Pacific Islander

Course Code (Ex: PH-221-01)	Course Title	Instructor	Day/Time	Units
Total Units				

Advisor's Signature _____ Transfer Units _____
 (Required for undergraduate students with fewer than 45 credit units or more than 87 credit units completed.) (Admissions Only)

I agree to observe the policies of SFAI as published in the Student Handbook and Course Schedule, including the tuition payment requirements. I understand if I am not current on financial obligations with respect to my enrollment, I may be withdrawn from my courses.

If I am unable to attend the first day of any of my courses, I agree to notify my instructor and the Registrar's Office. I understand if I neglect to notify my instructor and the Registrar's Office, I may be administratively dropped from my course(s).

Yes No I give permission for SFAI to release my Public Directory Information as provided by the Family Education Rights and Privacy Act (FERPA) of 1974.

 Student's Signature Date Registrar's Office Only