



2018 Pre-College Registration Form

Complete the form below and return by mail to Suffolk University, Art & Design, 8 Ashburton Place, 10th Floor, Boston MA 02108, Attn: Continuing Education, by email to vlane@suffolk.edu or by fax to 617-994-4250.

Refund Policy: Students withdrawing within the first week of the program will be refunded \$1075.00. Written notification of withdrawal must be received no later than Friday, July 13. No refunds issued after July 13.

Student Information:

Last Name First Name Middle Initial

Street Address

City State Zip Code

Birth Date Gender

Phone Email

Grade you'll be in Fall 2018: Name of high school currently attending:

Are you requesting a portfolio waiver?

Have you taken art classes previously? Please explain:

Will you be absent any of the days of Pre-College? If yes please specify:

How did you hear about us?

Parent/Guardian Information:

Last Name First Name Middle Initial

Address (if different from above)

Work phone cell phone

Email

I have read the program details and refund policies and permit my child to participate in Pre-College.

Signature: Date:

Method of Payment: Credit Card Check Please make checks payable to Suffolk University and mail to: Suffolk University, Art & Design, Continuing Education Division, 8 Ashburton Place, 10th Floor, Boston, MA 02108.

Credit card payments: please provide a daytime telephone number where we can contact you:

I authorize a charge of \$1275.00

Payor Name Signature Email

Billing Address (if different from above)