SVA NYC CONTINUED
DIVISION OF CONTINUING EDUCATION

Spring 2020 Registration

Register Online at **sva.edu/ce**

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 | Email

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 | Expiration Date

Cardholder 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

Email

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

Registration is Subject to All Terms and Conditions Set Forth in the Bulletin