

Summer Studio Workshop Response Form

Student Name: _____

I understand that I am part of a select group of students chosen to participate in the Summer Studio. I have read and understood the attached program guidelines and agreed to observe them. I further understand that violation of any of these guidelines may result in parental contact and dismissal from the Summer Studio.

Student Signature: _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

Roommate Request

I would like to request that _____ and I share a room at the Days Hotel

T-shirt size: _____

High School or Vocational School Graduation Year: _____

Accredited Member, ACICS

See aiprograms.info for program duration, tuition, fees, and other costs, median debt, federal salary data, alumni success, and other important info.