

Please complete both pages.

Name (First and Last) _____ Date of Birth (Month / Day / Year) _____

E-mail* _____ Today's Date (Month / Day / Year) _____

Street Address / Apt. # / City / State / Zip _____

Phone (Area Code and Number) _____ Alternate Phone (Area Code and Number) _____

Emergency Contact (First and Last Name) _____ Phone (Area Code and Number) _____ Relationship _____

*PLEASE NOTE: E-mail is used primarily by instructors for contacting students for course-related information. E-mail is also used by the school for official Glassell communications with students, such as e-newsletters, and communications from the School staff, including the faculty chair/dean, registrar, or other office personnel.

Have you attended the Glassell Studio School at any time in the past? No Yes, last enrolled: _____ (Year/Semester)

COURSE #	SECTION	DAY	TIME	INSTRUCTOR	NOTES	TUITION (\$)	FEES (\$)

5% DISCOUNT! An MFAH membership at the Patron level or higher qualifies you for a 5% discount on all Studio School tuition (class fees not included).

- I am a Patron+ MFAH member. My member name / ID # is _____
 I would like to join the MFAH at the following level and have included membership dues below:
 Patron \$200 Supporting \$350 Sponsor \$800 Benefactor \$1,500

SUPPORT GLASSELL! Please consider an additional donation to the Glassell School of Art.

\$1,000 \$500 \$10 Other \$_____

Tuition and Fees \$_____

MFAH Membership \$_____

Glassell School of Art Donation \$_____

TOTAL DUE \$_____

PAYMENT INFORMATION

PAY BY PHONE: please call for my payment information via:

CREDIT: Please charge my AmericanExpress Discover MasterCard Visa

Card Number _____ CVC _____ Expiration Date (Month / Year) _____

I have read and understand all Studio School registration and enrollment policies and guidelines, as listed in the course catalog and available at the school website. I agree that I am being charged for the amount indicated on this form, and will pay that amount in the payment method indicated above.

Student Signature (REQUIRED. Registration will not be processed without signature.) _____ Date (Month / Day / Year) _____

SUBMIT COMPLETED FORM AND PAYMENT TO:

registration@mfa.org