MFAH Glassell School of Art

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Street Address / Apt. # / City / State / Zip Phone (Area Code and Number) ADDING COURSE # SECTION DAY TIME INSTRUCTOR DROPPING COURSE # SECTION DAY TIME INSTRUCTOR PAYMENT INFORMATION Please charge my: American Express Discover MasterCard Visa Card Number CVC Expiration Date (Month / Year) Signature In occupit card is provided, refund (if any) will be processed as a check. Please refur to Course Catalog for information on refunds. SUBMIT COMPLETED FORM AND PAYMENT (IF ANY) TO: Mailing: Glassell School of Art Attn: Registrar The Museum of Fine Arts, Houston The Museum of Fine Arts, Houston P. O. Box 6826 Houston, TX 77266 Houston, TX 77066 Room 324 E-mail: registration@mfah.org FOR OFFICE USE ONLY: ADJUSTED TUMON / FEES TUITION (\$) 3 4. SUB TOTAL [\$) 1 1 2 4. SUB TOTAL [\$)	This form is for enrollment in the: \Box	Fall Semester	☐ Spring Semest	ter 🗆 Sumr	mer Semester	
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