

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.*

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

FACULTY SIGNATURE REQUIRED. Courses approved by: _____

10% DISCOUNT! An MFAH membership at the Patron level or higher qualifies you for a 10% discount on tuition for one course or workshop per semester.☐ 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 \$185 ☐ Supporting \$330 ☐ Sponsor \$750 ☐ 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**☐ CASH ☐ CHECK (payable to MFAH) ☐ CREDIT: *Please charge my* ☐ AmericanExpress ☐ Discover ☐ MasterCard ☐ Visa

Card Number _____ 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:**Mailing:** Glassell School of Art
Attn: Registrar
The Museum of Fine Arts, Houston
P. O. Box 6826
Houston, TX 77265**Hand-Delivery:** Glassell School of Art
@ The John P. McGovern Campus
2450 Holcombe Blvd., Suite 2-25G
Houston, TX 77021**Fax:** 713-639-7709

Please help us out with this brief survey!*Please complete both pages.*

Name (First and Last)

Today's Date (Month / Day / Year)

Is this your first class at the Glassell Studio School? ☐ Yes ☐ No**How did you first hear about the school? *Please choose one.***

- ☐ Word of mouth
- ☐ Social media
- ☐ MFAH or Glassell eblast or website
- ☐ Radio
- ☐ Houston Press
- ☐ Houston Chronicle
- ☐ CultureMap
- ☐ Community Newspaper
- ☐ Spirit Picks
- ☐ Houston Family Magazine
- ☐ I work at the Texas Medical Center
- ☐ I'm not sure
- ☐ Other _____

How did you hear about today's registration? *Please choose one.*

- ☐ Same
- ☐ I receive the catalog
- ☐ Word of mouth
- ☐ Social media
- ☐ MFAH or Glassell eblast or website
- ☐ Radio
- ☐ Houston Press
- ☐ Houston Chronicle
- ☐ CultureMap
- ☐ Community Newspaper
- ☐ Spirit Picks
- ☐ Houston Family Magazine
- ☐ I work at the Texas Medical Center
- ☐ I'm not sure
- ☐ Other _____