

STUDIO COURSE ENROLLMENT FORM

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 | INSTRUCTOR SIGNATURE | NOTES | TUITION (\$) | FEES (\$) |
|----------|---------|-----|------|------------|----------------------|-------|--------------|-----------|
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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 \$200 Supporting \$350 Sponsor \$800 Benefactor \$1,500

SUPPORT GLASELL! 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 _____ 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:

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|---|--|
| <p>Mailing: Glassell School of Art Attn: Registrar The Museum of Fine Arts, Houston P. O. Box 6826 Houston, TX 77265</p> | <p>Hand-Delivery: Glassell School of Art 5101 Montrose Blvd. Houston, TX 77006 Room 324</p> |
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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'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'm not sure
- Other _____