

Name (Last, First) _____ 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)

IN-PERSON OR ONLINE COURSE		COURSE #	SECTION	DAY	TIME	INSTRUCTOR	TUITION (\$)	FEES (\$)
<input type="checkbox"/> In Person	<input type="checkbox"/> Online	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Online	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Online	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> In Person	<input type="checkbox"/> Online	_____	_____	_____	_____	_____	_____	_____

5% DISCOUNT! An MFAH Patron membership or higher qualifies you for a 5% discount on all Studio School tuition (class fees not included). MFAH docents are eligible for a 20% discount on all courses and workshops.

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

I am a docent of the MFAH (Please attach copy of Docent I.D. with enrollment form)

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

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

PAYMENT INFORMATION

TOTAL DUE \$ _____

- CASH CHECK (payable to MFAH) CREDIT

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

USE CREDIT FROM PRIOR SEMESTER: _____

PAY BY PHONE: I may be reached via phone #: _____

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

Email: registration@mfaah.org

Hand-Delivery: Glassell School of Art
5101 Montrose Blvd.
Houston, TX 77006
Room 324