

Last Name	First	Middle	
Mailing Address: Street			Is this a change of address?
City	State	Zip Code	Submit Change of Address Form for changes to address or other contact information.
Residence Phone (with Area Code)		Former Name (if applicable)	
Cell / Work / Other Phone (with Area Code)		Special Needs (Describe and submit ADA form located in registration packet.)	
Person to Contact in Case of Emergency		Emergency Phone (with Area Code)	
MassArt ID Number	Date of Birth	Male / Female	E-mail Address

MassArt Fall 2008

GRADUATE & CONTINUING EDUCATION

Registration Form

Incoming MFA Fine Art

Required:

Major _____

Advisor Signature _____ George Creamer signs for first term

I have read and agree to the GCE Refund Schedule below.

Student Signature _____

Date _____

Course Number	Section Code	Course Title	Instructor	Credit Level G = Graduate	# of Credits	Course Fee
_____ 501	MF1	Major Studio in :		G	6	3,420
GRAD 501	MF1	Graduate Seminar	Jane Marsching	G	3	1,710
GRAD 505	MF1	Graduate Contemporary Art	Joanne Lukitsh	G	3	1,710
	MF	Elective:		G	3	1,710

MFA and DMI students use the rows below to indicate Day School or Continuing Education (CE) courses attended, but re-written as independent or directed studies for graduate credit.

Attending: Course # / Section	Registered As: Indp/Dir Study Title	Registered As: Course # / Section	Cred. Level	# of Credits	Course Fee
<i>Indicate whether Day or (CE) Continuin Ed.</i> Original Course Title	<i>Attach Independent / Directed Study Form</i> Instructor				

You will be notified by August 1st of any change to the refund policy.

Refund Policy for 3-4 credit courses: 100% of the course fee when dropped by the Graduate Add/Drop Deadline.

Refund Policy for Workshops and less than 3-credit courses: 100% when the workshop or course is dropped at least one week prior to the first scheduled meeting. **Independent/Directed Studies Refund Schedule:** 100% before the first meeting date, and no later than the Graduate Add/Drop Deadline. **Drops must be submitted in writing: walk-in, fax or e-mail.**

Registration and Payment are received subject to correction and according to the terms as set forth in the current DGCE Catalog.

PAYMENT

To Pay online with a MasterCard, Visa or Check at www.paybill.com/massart you need: your 7-digit MassArt ID # including the zero(s) at left of number, and amount owed. If registering after the billing date specified in the registration packet, make payment online with registration, or attach a check or money order payable to Massachusetts College of Art..

For Office Use Only

ID#	Registered By	Check #	Bank #	Check Amount

ETHNICITY SURVEY

- 01 Non-USA Resident
- 02 White Non-Hispanic
- 03 Black Non-Hispanic
- 04 Hispanic
- 05 American Indian / Alaskan Native
- 06 Asian / Pacific Islander
- 09 Cape Verdean
- 07 Other
- 10 I do not wish to report.

Course Fee Total \$ _____

Health Insurance \$ _____

Students taking 9 or more credits will be billed for MassArt sponsored health insurance unless they provide a Health Insurance Decision form with proof of their own insurance coverage.

TOTAL \$ _____

MASSART
MASSACHUSETTS COLLEGE
OF ART AND DESIGN