

**Harvard Student Registration Form**

**Fall Term 2017** **14-week term: August 28 – December 2, 2017**

**Study Credit** Harvard VES students interested in options for receiving independent study credit for their studio work should contact Kathy King at kking@fas.harvard.edu. Other students seeking Independent or Directed Study credit should speak to their advisor and then contact Kathy King. Freshmen are not eligible.

**Transportation** Transportation options to and from the Allston studio (located at the intersection of Western Ave. and North Harvard St. in Barry’s Corner, next to Dunkin’ Donuts) include: a ten minute walk down North Harvard street from the river; rides from friendly classmates; a free ride on the Harvard shuttle. The Allston Express stops nearby our program at “Barry’s Corner” Check Harvard shuttle website; or public transportation on a #66 or #86 MBTA bus, which travel from Harvard Square down JFK to Allston every 10 minutes.

**Registration** Registration is on a first-come, first-served basis from July 31st until classes fill. Early registration is strongly recommended as classes fill quickly. No refunds after your first class.

* To register by e-mail, download the Harvard student registration form word doc. and email the completed form to Shawn Panepinto at panepint@fas.harvard.edu
* Indicate if paying by Term Bill on the registration form or make a check payable to Harvard University.
* Sign and complete the questions and liability form.
* Send or bring this form and payment to the studio at 224 Western Avenue, Allston, MA 02134, or to the front desk at the Office for the Arts, 74 Mt. Auburn Street (across from Boloco).
* When registration is finalized, you will be notified by e-mail.

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| --- | --- | --- | --- |
| Course Title/ Ind. Study/Workshop  | Instructor | 2nd Choice, if full | Total Fee |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  Total Tuition Due |  $ |

|  |  |
| --- | --- |
| \_\_\_\_ YES I wish to pay by Term Bill | Harvard ID # |

**Contact**  Name (please print)

Address City

State Zip E-mail Address

Telephone (day) (cell)

Undergraduate [ ]  Graduate [ ]  Harvard Class of School/ Depart. at Harvard:

for studio use only: Date received Check # Amount $ Termbill

**Ceramics Program - Office for the Arts at Harvard**

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All Ceramics Program applicants must complete this section.

**Liability Release** I (name of participant) realize that my participation in the Ceramics Program may involve some risk of personal injury and damage to the studio property: therefore, I assume all risks related to these activities and release Harvard, its directors, officers and employees from all resulting liability from personal injury and property damage.

Health insurance coverage:

I have read and freely signed this agreement, which shall take effect as a sealed instrument.

Signature Date

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**Data** All Ceramics Program applicants are asked to complete this section.

Please tell us how you learned about the Ceramics Program.

**Experience**  Please indicate in what ways this course is a new direction of study or is a continuation of previous interest, study, or work experience. Indicate what you hope to accomplish this term.

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 Answers to the following questions are voluntary and confidential.

 Gender: Female Male Age

Ethnic background Citizenship

Current Occupation Job title

Employer

College and Professional Schools Attended

Major Degree Dates

 **Send in this registration form with your payment.**

Keep brochure for reference.