



# Ceramics Program

Office for the Arts at Harvard

224 Western Avenue | Allston | Massachusetts 02134 | T 617 495 8680 | F 617 496 9787 | ofa.fas.harvard.edu/ceramics

## Harvard Student Registration Form

**Spring Term 2018** 14-week term: January 29 – May 5, 2018

### 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](mailto: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) include: a ten minute walk down North Harvard street from the river, rides from friendly classmates, or 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 travels from Harvard Square down JFK Street to Allston every 10 minutes.

### Registration

Registration is on a first-come, first-served basis from November 14th 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](mailto: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.
- When registration is finalized, you will be notified by e-mail.

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

|   |                    |
|---|--------------------|
| <input type="checkbox"/> 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.