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. 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
- 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.

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<th>Course Title/Ind. Study/Workshop</th>
<th>Instructor</th>
<th>2nd Choice, if full</th>
<th>Total Fee</th>
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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 $ ________ Term Bill ________
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 __________

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.

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.