

# School of the Museum of Fine Arts, Boston CONTINUING EDUCATION ADD/DROP FORM

<i>Last Name</i>	<i>First Name</i>	 Return to: Office of the Registrar 230 The Fenway Boston, MA 02115 Fax: 617-541-0920	<i>Date</i>	<i>Phone Number</i>
<i>Student Identification Number</i>			<i>Email Address</i>	
<i>Semester</i>			<i>Year</i>	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer				

<b>1) <input type="checkbox"/> ADD</b>	<input type="checkbox"/> Credit	<input type="checkbox"/> Non-Credit	<i>For credit courses, are you requesting a Letter Grade?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Course Number</i>	<i>Section</i>	<i>Course Title</i>	<i>Instructor's Signature:</i>
<b>2) <input type="checkbox"/> ADD</b>	<input type="checkbox"/> Credit	<input type="checkbox"/> Non-Credit	<i>For credit courses, are you requesting a Letter Grade?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Course Number</i>	<i>Section</i>	<i>Course Title</i>	<i>Instructor's Signature:</i>

<b>3) <input type="checkbox"/> DROP</b>	<i>Reason for Drop:</i>
<i>Course Number</i>	<i>Section</i> <i>Course Title</i>
<b>4) <input type="checkbox"/> DROP</b>	<i>Reason for Drop:</i>
<i>Course Number</i>	<i>Section</i> <i>Course Title</i>

<b>ADDITIONAL PAYMENT AUTHORIZATION</b>		
<i>Amount:</i> \$	<i>Method of Payment:</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> Voucher	<i>Billing Zip Code:</i>
<i>Account Number:</i>	<i>Expiration Date:</i>	<i>Security Code:</i>
<i>Card Holder's Name (please print):</i>		<i>Signature:</i>

<i>Student's Signature:</i>
<i>Date:</i>