GRAM

Grand Rapids Art Museum | School Experiences

College and University Semester Access Request Form

Please submit this request along with an alphabetized course roster to Emily Jarvi, GRAM's School Experience Manager, three weeks in advance of the first visit. Requests may be mailed to the address below or emailed to ejarvi@artmuseumgr.org.

Grand Rapids Art Museum
Attn: School Experience Manager – Course Rosters
101 Monroe Center NW
Grand Rapids, MI 49503

The course fee is $8/student. The course fee payment must be collected and paid by the instructor or institution in one lump sum as we are not able to process individual or separate payments for each student enrolled in the course. This fee may be paid by check or credit card and payment must be accepted prior to your first visit. You may include the payment information below or call Ms. Jarvi at 616.831.2928 to pay by phone.

Institution: _____

Course title and number: _____

Course instructor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Instructor Phone: _____ Instructor Email: _____

Semester & year of request: _____

Total number of students enrolled in course: _____ Total course fee amount: _____

Visit category (please check all that apply):

*Both categories entitle students and course instructors to have unlimited visits to the museum throughout the length of the semester during the museum's open hours. Please visit our website at **artmuseumgr.org** for our current hours of operation.*

1) _____ Self-guided class visits (*Instructor with class*). Reservations required.

Requested date(s) and time(s): _____

Group size(s): _____

If there are any individuals with disabilities with your group who need accessibility accommodations, please list the accommodations below and/or reach out to GRAM's School Experience Manager to communicate your needs.

_____

2) _____ Individual student admittance throughout the semester.

Payment

Please indicate your method of payment: **Check (payable to the Grand Rapids Art Museum)** [ ]

Credit Card [ ] Visa [ ] Mastercard [ ] Discover/Amex

Name (as it appears on the card): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ [ ] Receipt of payment requested