Grand Rapids Art Museum
College and University Semester Access Request

Please submit this request along with an alphabetized course roster three weeks in advance of the first visit.

Grand Rapids Art Museum - Course Rosters
101 Monroe Center
Grand Rapids, MI 49503
Fax 616-831-1001

The $20 fee may be paid by cash, check, or credit card.
Payment will be accepted at the time of arrival or prior to your visit by calling 616-831-2928.
An invoice may be provided upon request.

Please contact Emily Jarvi, School Experience Manager, with questions at ejarvi@artmuseumgr.org or 616-831-2928.

Institution: ____________________________

Course title and number: ____________________________

Course instructor name: ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Phone: ____________________________ Email: ____________________________

Semester & year of request: ____________________________

Visit category (check one):

All categories entitle students and course instructors to have unlimited visits to the museum throughout the length of the semester between the hours of 10:00 a.m. – 5:00 p.m.

1) _______ Self-guided (Instructor with class)
   Requested date and time ____________________________
   Group size ____________________________

Are there any individuals with cognitive, emotional, or physical disabilities for which we should prepare? Please detail:

________________________________________________________________________________________________________________________

2) _______ Individual student admittance throughout the semester

3) _______ Jansma Family Works on Paper Study visit
   Please schedule an appointment for the Works on Paper Study by calling 616-242-5026.

Payment
Please Indicate: 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