

COURSE SELECTION

Please select your course(s) for application from the Fall 2017 Open Academy Course List. **Courses may be indicated as second- or third-choice options in the event that the student's first-choice class is not approved or available; more than one course selection is not required.** For complete course descriptions, academic credit, and policy information, visit www.pafa.edu/openacademy.

1. Course Number and Title: _____

Instructor: _____

Credit Request: Credit (\$2,000) Non-Credit (\$1,700)

For Office Use Preliminary Status: Accepted Declined | Approved for enrollment? Yes No

Comments _____

2. Course Number and Title: _____

Instructor: _____

Credit Request: Credit (\$2,000) Non-Credit (\$1,700)

I am applying for this course as an additional course **OR** a back-up selection to the above class.

For Office Use Preliminary Status: Accepted Declined | Approved for enrollment? Yes No

Comments _____

3. Course Number and Title: _____

Instructor: _____

Credit Request: Credit (\$2,000) Non-Credit (\$1,700)

I am applying for this course as an additional course **OR** a back-up selection to the above classes.

For Office Use Preliminary Status: Accepted Declined | Approved for enrollment? Yes No

Comments _____

AGREEMENT

I hereby state that all the information submitted in this application is true to the best of my knowledge. If I am accepted and complete my enrollment for any PAFA course(s) through the Open Academy, I agree to abide by the policies and regulations set forth by Continuing Education Programs and the Pennsylvania Academy of the Fine Arts. I have read and understand policies regarding payment deadlines, withdrawals and refunds. (Signature required.)

Student Printed Name

Student Signature

Date

For Office Use Amount Due: _____

Payment Method: VISA MasterCard Discover AmEx Check # _____ Cash

Card #: _____ Exp. Date _____

Name on Card: _____

Billing Address: Same as Above Other: _____

Book _____ Materials _____ Enrolled _____ Billed _____