

# Open Studio Authorization Form

Form must be completed before registration is permitted

## Contact Information: Please print clearly

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	EMAIL ADDRESS	
HOME ADDRESS		
CITY	PROVINCE:	POSTAL CODE
DAY-TIME PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER
<b>I AM REGISTERING FOR:</b>	COURSE CODE	COURSE TITLE
<input type="checkbox"/> FALL	START DATE/TIME	
<input type="checkbox"/> WINTER	INSTRUCTOR	SENIORS DISCOUNT
<input type="checkbox"/> SPRING / SUMMER		<input type="checkbox"/> YES
		AMOUNT \$

## Method of Payment:

CASH    DEBIT    MONEY ORDER    INVOICE    GIFT CERTIFICATE  
 VISA    MASTERCARD    CHEQUE (Made payable to NSCAD University)

Fee must accompany  
your registration form

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_

## Open Studio Authorization

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
<b>SIGNING AUTHORITY</b> Dawson Printshop Open Studio - authorization from the Visual Communications Services Technician Fashion Open Studio - authorization from the Fashion Technician and/or Fashion Faculty Jacquard Loom Open Studio - authorization from the Textiles Technician and Division Chair Textiles Open Studio - authorization from the Textiles Technician and Area Faculty Painting Open Studio - authorization from the Painting Technician and Division Chair Photography Open Studio - authorization of the Photography Director Printmaking Open Studio - authorization from the Printmaking Technician and/or Division Chair		

## Return form to:

Tel: (902) 494-8185  
Fax: (902) 494-8311  
extendedstudies@nscad.ca

Mailing Address:  
5163 Duke Street  
Halifax, Nova Scotia  
Canada B3J 3J6

Office Location:  
NSCAD University  
Granville Campus  
1892 Hollis Street  
Halifax, Nova Scotia

## For office use only:

Date recieved:

Employee Intials:

Entered:

## RECEIPT VALIDATION

THIS IS NOT AN OFFICIAL TAX RECEIPT.  
OFFICIAL TAX RECEIPTS ARE AVAILABLE  
UPON REQUEST IN FEBRUARY OF THE NEXT YEAR.