Grand Rapids Art Museum
College and University Semester Access Request Form

Please submit this request along with an alphabetized course roster three weeks in advance of the first visit to GRAM’s School Experience Manager. 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 $5/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. Payment must be accepted prior to your first visit by calling 616.831.2928 to pay by phone or by including payment information below.

Please contact Emily Jarvi, School Experience Manager, with any questions at ejarvi@artmuseumgr.org or 616.831.2928.

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 (check one):

All 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 visit (Instructor with class)

Requested date and time: _____________________________________________________________________________________________

Group size: _________________________________________________________________________________________________________

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 at 616.831.2928 or email ejarvi@artmuseumgr.org.

______________________________________________________________________________________________________________________________________________________________

2) ______ Individual student admittance throughout the semester

3) ______ Jansma Family Works on Paper Study visit

To schedule an appointment for the Works on Paper Study visit, please call 616.242.5020.

Payment

Please Indicate:  

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

Name (as it appears on the card): ______________________________________________________________________________________

Credit Card Number: _____________________________________________________________

Expiration Date: __________________________ Security Code: ___________________________  [ ] Receipt of payment requested