



Boston University College of Fine Arts
School of Visual Arts

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**BOSTON UNIVERSITY
VISUAL ARTS SUMMER INSTITUTE
2018 LETTER OF AGREEMENT**

PLEASE CHECK, SIGN AND DATE

____ Yes, I plan to attend the 2018 Visual Arts Summer Institute, and I have read and understand and agree to abide by the rules of the program.

Student Name _____

Student Signature _____

Parent/Guardian Signature _____

Parent/Guardian E-Mail Address _____

Student E-Mail Address _____

Date _____

____ I have made other plans and will not be attending the 2018 Visual Arts Summer Institute.

Student Name _____

Student Signature _____

Parent/Guardian Signature _____

Student E-Mail Address _____

Date _____