

Rubin Museum of Art

University Visit Request Form

Please complete and email to llombard@rmanyc.org or fax to 212.675.0105, ATTN: Laura Lombard.
If you have any questions, please call 212.620.5000 x246.

SCHOOL INFORMATION

Today's Date: _____
Professor Name(s): _____
School Mailing Address: _____
Email: _____ Phone: _____
School Name: _____
Department: _____
Course Title: _____

CLASS INFORMATION

TOTAL NO.
OF STUDENTS: _____

+

TOTAL NO. OF
PROFESSORS/CHAPERONES: _____

=

TOTAL NO.
OF VISITORS: _____

Do you have students with special needs (foreign languages, accessibility needs, etc.)? Yes No

What curricular connections are you hoping to make through this visit?

ADMISSION FEES

Group Admission

- University Partners — free
 Non-University Partners — regular museum admission fees apply

Tours

- With museum guide — \$50 per tour/maximum 25 attendees*
 Self-guided (no guide) — complimentary

*GROUPS OF MORE THAN 25 PEOPLE MUST BOOK ADDITIONAL TOURS

SCHEDULE YOUR MUSEUM VISIT

Preferred date and time for museum visit (*please note, the museum is closed on Tuesdays*):

CHOICE 1:

CHOICE 2:

CHOICE 3:

DATE: _____

TIME: _____

Additional Comments: