

McMaster Museum of Art
APPOINTMENT REQUEST FORM

Name: _____

Daytime Phone #: _____ E-Mail Address: _____

Requested Date of Viewing : _____

Class: _____

If McMaster Course please include the following:

Course Number: _____

Course Name: _____

Professor: _____

Department: _____

ARTIST NAME

PIECE TO BE VIEWED

1. _____

2. _____

3. _____

4. _____

5. _____

Notes: _____

