

E. I. REGISTRATION FORM - SUMMER 2011

Registrations are not processed without the appropriate transcript, application, photograph, interview, and payment of fees.

Date: _____ Social Security Number: _____

Name: _____ E-mail address: _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ or Baltimore City: _____

Home Phone: _____ Work Phone: _____

Do you have a disability that requires special services? Y ___ N ___ If so, what? _____

Mandatory Information (although information is used only for Federal and ATS reports, it must be completed):

Date of birth: ___/___/___ (m/d/y) Sex: ___F ___M Denomination: _____

Are you of Hispanic or Latino origin? ___ Yes ___ No

What is your race? Select one or more of the following categories:

___ White ___ Black or African American ___ Asian
___ American Indian or Alaska Native ___ Native Hawaiian or Other Pacific Islander

Church Name _____ Pastor _____ Phone _____

Address _____ Email _____

PROGRAM INFORMATION

Do you intend to pursue a degree/certificate at the Ecumenical Institute of Theology? Y ___ N ___

If so, which one? ___ M.A. in Theology ___ M.A. in Church Ministries - track: _____

___ Graduate certificate: (circle one) *Biblical Studies* *Spirituality* *Religious Education* *Urban Ministry* *Parish Nursing* *Youth Ministry*

___ Certificate of Advanced Studies: (circle one) *General track* *Specialized track*: _____

If not, are you taking classes for Credit ___ or Audit ___? Do you wish to be part of the Explorations in Theology program? ___

To register, list course numbers & titles. For courses listed in two departments (e.g., ES/H611) or with two numbers (e.g., BS565/765), choose only one (e.g., ES611 or BS565). Note: Certificate and degree candidates may not register for courses at the 500 level.

TUITION AND FEES All fees are due at time of registration. (Fees are non-refundable.) Note: late fee is waived for new students.

Registration fee \$ 75.00

Student Services fee \$ 75.00

Late-registration fee (\$30.00 begins April 18) \$ _____

3-credit course @ \$909/course x ___ = \$ _____

3-credit audit course @ \$606/course x ___ = \$ _____

3-credit senior/alum audit @ \$303/course x ___ = \$ _____

TOTAL AMOUNT DUE \$ _____

AMOUNT BEING PAID \$ _____

BALANCE DUE \$ _____

• Return this form to: **The Ecumenical Institute of Theology**

5400 Roland Ave

Baltimore, MD 21210-1994

Fax: 410/864-4205

• Checks payable to: **St. Mary's Seminary & University**

___ Visa ___ MasterCard ___ Discover exp. _____

Name on card _____

FOR OFFICE USE ONLY:

Admitted: ___Y ___N Initials: _____

Student ID # _____ Checked: ___ Send DPC _____

Confirmation Sent ___ Parking Tag # _____

Initials: _____ Date Registered: _____