ALUM AUDIT REGISTRATION FORM - FALL 2015

Name:	E-mail address	S:
If any of this information is new or has	changed, please complete	e the following:
Address:	City:	State:Zip:
County of Residence:	or Baltimore City:	
Cell Phone: Work Phone:		
Do you need any accommodations in or	der to participate in the E.I	.? Y N(If yes, you will be contacted by the Registrar.)
Course # Course Name List course	ses in 2 departments (e.g., .	ES/H611) or 2 numbers (e.g., BS565/765) as 1(e.g., ES611 or BS565)
Alum audit	\$ 300	Register in-person, by mail, fax, or attached scan to:
(additional audit course @ \$300)	\$	Ecumenical Institute of Theology Attention: Registrar
TOTAL AMOUNT DUE	\$	5400 Roland Avenue Baltimore, MD 21210-1994
AMOUNT BEING PAID	\$↓	Fax: 410/864-4205 pthigpen@stmarys.edu
If registration payment is less th you must complete the		Pay by credit card or check payable to: St. Mary's Seminary & University
UNPAID BALANCE DUE	\$	
I request a Deferred Payment Contract.	YesNo	Visa MasterCard Discover
If No, your remaining balance is due by the fit	rst class.	#
If Yes, may we charge your credit card autom	natically on the due	Expiration date Security Code
date of each deferred payment?	YesNo	Expiration dateBecunity Code
		Name on card
		FOR OFFICE USE ONLY:
		New:Student ID # Checked:
		Confirmation SentParking Tag #
		Initials:Date Registered:
Signature:		Date:
-	□ YES, release Directory	
without prior authorization from the individ	dual student, any of the fol	ary's with the right to make public at the University's discretion, llowing: Name of Student; Class Term/Year; Local and Permanent s; Date and place of birth; Dates of attendance at St. Mary's; Dates
general, this information is shared only with	hin the learning community d mean that external reque	endors, solicitors, or individuals unrelated to the school. In y of the E.I. A student may prevent the release of the above sts for information pertaining to my attendance at St. Mary's will tt circumstance, check "YES."