

ALUM REGISTRATION FORM - Fall 2016

Register in person, by mail, fax, or attached scan to St. Mary's Ecumenical Institute, Attn: Registrar: 5400 Roland Avenue, Baltimore, MD 21210-1994 Fax: 410/864-4205 Email: pthigpen@stmarys.edu (Contact the registrar if you don't receive email confirmation within three days.)

Name:	E-mail address:
If any of this information is new or has changed, please com	plete the following:
Address:City:	: State: Zip:
	or Baltimore City:
Cell Phone:	Work Phone:
Do you need any accommodations in order to participate in	the EI? Y N(If yes, you will be contacted by the Registrar.)
Course # Course Name List courses in 2 departments	e (e.g., ES/H611) or 2 numbers (e.g., BS565/765) as 1(e.g., ES611 or BS565)
<u>FUITION</u> Alum audit \$ 300	Pay by credit card or check payable to:
(additional audit course @ \$300) \$	St. Mary's Seminary & University
TOTAL AMOUNT DUE \$	VISA MasterCard Discover Amex
AMOUNT BEING PAID \$	#
	π
<i>Payment in full is required. If there is need for special consideration, please contact the Billing Office at 410.864.4234.</i>	Expiration date: Security code:
	Name on card:
Directory Information Waiver : My selection and signature be Information Policy at http://www.stmarys.edu/eidip.	elow acknowledge that I have read St. Mary's FERPA Directory
CHECK ONE: 🗆 YES, release Directory Information.	□ NO, do not release Directory Information.
Student Signature:	Date:
COR OFFICE USE ONLY: New: Student ID #	Checked: Confirmation sent