St. Mary's Ecumenical Institute

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

E-mail: pthigpen@stmarys.edu   Fax: 410/864-4205 *(Contact the Registrar if you don't receive email confirmation within 3 days.)*

Student Information

NAME: _____   E-MAIL: _____

Please complete the following only if any of the information has changed:

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

Baltimore City ☐   Baltimore County ☐   Anne Arundel ☐   Harford ☐   Howard ☐   Other: _____

Cell Phone: _____   Work Phone: _____

Do you need any accommodations in order to participate in the E.I.? YES ☐   NO ☐ (If yes, you will be contacted by the Registrar.)

Course and Payment Information

Tuition Per Course: Credit course $1125   Audit course $750   Senior (65+) Audit $375   [Alum audit $300; use separate form]
1-credit course $375   Independent Study $1688   M.A. Thesis $1688 ($400 continuance)

Course Number	Brief Course Name (If two departments or numbers, write just one.)	CRedit or AUdit	Tuition (see above)
		CR☐ AU☐	$
		CR☐ AU☐	$
		CR☐ AU☐	$

Registration Fee (non-refundable):	$ 85.00
Student Services Fee (non-refundable):	$ 80.00
Late Registration Fee ($90.00; begins August 1, 2016):	$
TOTAL AMOUNT DUE:	$
AMOUNT BEING PAID ($85 minimum, plus Late Registration fee if	$

Pay by credit card or by check payable to *St. Mary's Seminary & University.*

VISA ☐   MasterCard ☐   Discover ☐   Amex ☐   Card # _____–_____–_____–_____

Expiration __ / __ / 20__   Security Code ____   Name _____

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UNPAID BALANCE DUE: $ ↩

FOR UNPAID BALANCE YOU MUST COMPLETE A OR B AND ANSWER C:

A. I will pay my entire unpaid balance on or before the first day of class. ☐

B. Rather than paying in full, I request a Deferred Payment Contract that   *does* charge ☐   *does not* charge ☐
   my credit card automatically on the due date of each deferred payment.

C. I   will ☐   will not ☐   be applying for a scholarship (deadline 8/1/16).

Directory Information Waiver: My selection and signature below acknowledge that I have read St. Mary's FERPA Directory Information Policy at http://www.stmarys.edu/eidip.

CHECK ONE: ☐ YES, release my directory information.   ☐ NO, do not release my directory information.

Student Signature _____ Date _____

FOR OFFICE USE ONLY: New:_____   Student ID#:_____   Checked:_____   Confirmation Sent: _____

Parking Tag #: _____   Initials:_____   Date Registered: _____