



DMIN PARTNERSHIP REGISTRATION SP17

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 <u>only</u> if any of the information has changed:	
Address: _____ City: _____ State: _____ Zip: _____	
Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Anne Arundel <input type="checkbox"/> Harford <input type="checkbox"/> Howard <input type="checkbox"/> Other: _____	
Cell Phone: _____ Work Phone: _____	
Do you need any accommodations in order to participate in the E.I.? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, you will be contacted by the Registrar.)	

Course Information				
ST815	Living Theology	\$1,900	\$100	\$2,000

Payment Information		
<input type="checkbox"/> Payment in Full	Amount Paid:	\$ _____
<input type="checkbox"/> Deferred Tuition Payment Plan: Initial minimum payment is due at time of registration, with monthly payments deducted automatically from the credit account provided on the first day of each month. Students must provide a credit card or debit/credit card for automatic drafting and sign the agreement contract below.		
Amount Due at Registration	Term of Payments	Monthly Payment Amount
\$100	4 Months (1/1/17-4/1/17)	\$475
Amount Being Paid: (Please refer to Course Selection for Minimum Payment Due)		_____
Remaining Balance Due:		_____
Pay by credit card or by check payable to <i>St. Mary's Seminary & University.</i>		
VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Card # _____ - _____ - _____ - _____		
Expiration ___ / ___ / 20__ Security Code _____ Name _____		

For Deferred Payment Plan: I authorize the use of the credit account provided for withdrawal of funds on the scheduled dates listed above. By signing I attest that I have read, understood and agree to the terms and conditions stated on the second page of this form.
Signature: _____ Date: _____

Directory Waiver Information	
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: <input type="checkbox"/> YES, release my directory information. <input type="checkbox"/> 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: _____

Deferred Payment Plan Policy

- I have chosen to participate in the deferred tuition payment plan offered by St. Mary's Ecumenical Institute.
- I understand that I am responsible to pay full tuition less any scholarships, financial aid or other awards I have received for this program. If more than the minimum deposit is paid and/or other financial awards apply, then I will be notified by email of my recalculated automatic monthly payment obligation.
- I understand that it is my responsibility to remain aware of obligations to the University and to ensure sufficient funds are in the credit account used for automatically deducted payments on the day that is due.
- I understand that there is a \$30 late fee when payment is rejected due to insufficient funds.
- I understand that if I fail to make payments as scheduled, a hold will be placed on my records until my tuition and late charges are paid in full.
- I understand that failure to make payment on a delinquent account may result in collection action. I understand that the University has the right to pursue litigation against me if I become past due. In addition to the balance owed, I am obligated to pay reasonable collection fees, as permitted by law. I also agree that the University may retain all transcripts, awards, degrees and records to which I would otherwise be entitled.

Ecumenical Institute Tuition Reduction and Refund Policy for the DMin Level Programs

Students who withdraw from a course are required to fulfill their financial obligations for the course. The schedule printed below lists the deadlines by which an *official written and signed Change of Course Status form* ([available online](#)) **must** be received by the Registrar in order for the student to be eligible for the corresponding percent of reduction in tuition:

DMin Foundational Courses	
Time of Official Withdrawal	Amount of Tuition Reduction (4 month Plan)
Before class 9/15/16	100%
9/15/16-10/5/16	75%
10/6/16-11/9/16	50%
After 11/10/16	0%
Before class 2/2/17	100%
2/2/17-3/1/17	75%
3/2/17-3/29/17	50%
After 3/30/17	0%
SU17 term	TBD

The University reserves the right to require full tuition payment for students who have been administratively withdrawn or otherwise officially terminated from the program.