



ALUM REGISTRATION FORM – FA17

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: _____

Graduation date: _____

If any of this information is new or has changed, please complete the following:

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

County of Residence: _____ 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.g., ES/H611) or 2 numbers (e.g., BS565/765) as 1(e.g., ES611 or BS565)

TUITION

Alum audit	\$ 300
(additional audit course @ \$300)	\$ _____
TOTAL AMOUNT DUE	\$ _____
AMOUNT BEING PAID	\$ _____

Payment in full is required. If there is need for special consideration, please contact the Billing Office at 410.864.4234.

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

VISA ___ MasterCard ___ Discover ___ Amex ___

Expiration date: _____ Security code: _____

Name on card: _____

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 Directory Information. NO, do not release Directory Information.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: New: _____ Student ID # _____ Checked: _____ Confirmation sent _____
Parking tag # _____ Initials: _____ Date registered: _____