



REGISTRATION FORM – SP18

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 (Contact the Registrar if you don't receive email confirmation within 3 days.)

E-mail: pthigpen@stmarys.edu

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 and Payment Information			
Tuition Per Course: Credit course \$1155 Audit course \$771 Senior (65+) Audit \$385 [Alum audit \$300; use separate form] 1-credit course \$385 Independent Study \$1733 M.A. Thesis \$1733 (\$400 continuance)			
Course Number	Brief Course Name (If two departments or numbers, write just one.)	Credit or Audit	Tuition (see above)
		CR <input type="checkbox"/> AU <input type="checkbox"/>	\$
		CR <input type="checkbox"/> AU <input type="checkbox"/>	\$
		CR <input type="checkbox"/> AU <input type="checkbox"/>	\$
Registration Fee (non-refundable):			\$ 85.00
Student Services Fee (non-refundable):			\$ 80.00
Late Registration Fee (\$90.00; begins November 11, 2017):			\$
TOTAL AMOUNT DUE:			\$
AMOUNT BEING PAID:			\$
(\$85 minimum, plus Late Registration fee beginning 11/11/17)			\$
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 _____			
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. <input type="checkbox"/>			
B. Rather than paying in full, I request a Deferred Payment Contract that <i>does charge</i> <input type="checkbox"/> <i>does not charge</i> <input type="checkbox"/> my credit card automatically on the due date of each deferred payment.			
C. I will <input type="checkbox"/> will not <input type="checkbox"/> be applying for a scholarship (deadline 12/1/17).			
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: _____