



REGISTRATION FORM – SU19

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: registrar@stmarys.edu

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 \$1185 Audit course \$771 Senior (65+) Audit \$385 [Alum audit \$300; use separate form]
1-credit course \$395 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 Apr. 13, 2019):	\$	
TOTAL AMOUNT DUE:	\$	
AMOUNT BEING PAID: (\$85 minimum, plus Late Registration fee beginning 04/13/19)	\$	
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:

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.

*Any awarded scholarship will be applied against unpaid balance.

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: _____