



DMin REGISTRATION FORM

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: registrar@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

PriceLock Payment: Only Course Selection is necessary (and late registration fee if applicable)

À la Carte Payment: Complete Course Selection and Financial Information.

Course/Module/Thesis	Credit Hrs.	Tuition (\$500/credit)	Program Fee	Total
<input type="checkbox"/> Reading Scripture	3	\$1,500	\$85	\$
<input type="checkbox"/> Living Doctrine	3	\$1,500	\$85	\$
<input type="checkbox"/> Enculturating Ministry	3	\$1,500	\$85	\$
<input type="checkbox"/> Healing Trauma	3	\$1,500	\$85	\$
<input type="checkbox"/> Leading Leaders	3	\$1,500	\$85	\$
<input type="checkbox"/> Embodying Scripture	3	\$1,500	\$85	\$
<input type="checkbox"/> Module 1: Researching Ministry	2	\$1,000	\$0	\$
<input type="checkbox"/> Module 2: Creating Ministry	2	\$1,000	\$0	\$
<input type="checkbox"/> Module 3: Proposing Ministry	2	\$1,000	\$0	\$
<input type="checkbox"/> Thesis	6	\$3,000	\$0	\$

Late Registration Fee (\$90; begins July 27, 2019):	\$
Annual/Completion Fee if applicable (\$250; non-refundable):	\$
TOTAL AMOUNT DUE:	\$
AMOUNT BEING PAID:	\$
(First Annual Fee and Late Registration fee if applicable)	\$

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

VISA MasterCard Discover Amex Card # _____

Expiration _____ Security Code _____ Name _____

↪ UNPAID BALANCE DUE: \$

FOR UNPAID À LA CARTE 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.

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: _____