St. Mary's Ecumenical Institute

REGISTRATION FORM – SP20

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

Tuition Per Course: Credit course $1230   Audit course $820   Senior (65+) Audit $410   [Alum audit $300; use separate form]
1.5 credit course $615   Independent Study $1845   M.A. Thesis $1845 ($400 continuance)

Course Number	Brief Course Name (If two departments or numbers, write just one.)	CRedit or AUdit	Tuition (see above)
		CR AU	$
		CR AU	$
		CR AU	$

Registration Fee ($85.00; non-refundable):	$
Student Services Fee ($80.00; non-refundable):	$
Late Registration Fee ($90.00; begins November 9, 2019):	$
TOTAL AMOUNT DUE:	$
AMOUNT BEING PAID: ($85 minimum, plus Late Registration fee beginning 11/09/19)	$

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

VISA   MasterCard   Discover   Amex   Card # _____
Expiration _____   Security Code _____   Name _____

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UNPAID BALANCE DUE:	$

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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.

▶*I have applied for and/or received a   need-based   partnership scholarship.

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 _____