St. Mary's Ecumenical Institute

# ALUM AUDIT REGISTRATION FORM – SP21

*Register by mail or attached scan to*
St. Mary's Ecumenical Institute, Attn: Registrar
5400 Roland Avenue, Baltimore, MD 21210-1994
Email: registrar@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: _____

☐ Baltimore City ☐ Baltimore County ☐ Anne Arundel ☐ Harford ☐ Howard Other: _____

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 | $ 330 |
| (additional audit course @ $330) | $_____ |
| **TOTAL AMOUNT DUE** | $_____ |
| **AMOUNT BEING PAID** | $_____ |

***Payment in full is required. If there is need for special consideration, please contact the Billing Officer, Marcia Hancock, at mhancock@stmarys.edu.***

☐ Check enclosed payable to ***St. Mary's Seminary & University.***

☐ Check payable to ***St. Mary's Seminary & University*** mailed separately.

☐ Pay by credit card (American Express, Discover, MasterCard and Visa) processed through a third party vendor online. Please email me an invoice.

**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:** Student ID#:_____ Initials:_____ Confirmation Sent:_____ Date Registered:_____