ALUM AUDIT REGISTRATION FORM – SU21

St. Mary's Ecumenical Institute

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? Yes _____ No _____ (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#: _____ Date Registered: _____ Registrar: _____ Billing Officer: _____