



# ALUM AUDIT REGISTRATION FORM – SU22

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? 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)

In-Person\* Virtual

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**TUITION**

Alum audit (\$110/CR) \$ \_\_\_\_\_

(additional audit course @ \$110/CR) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**AMOUNT BEING PAID** \$ \_\_\_\_\_

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.

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

**\*Required for Students Entering the Building  
(Only complete one time.)**

**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: \_\_\_\_\_