



REGISTRATION FORM – FA22

Register by mail or attached scan to
 St. Mary's Ecumenical Institute, Attn: Registrar
 5400 Roland Avenue, Baltimore, MD 21210-1994
 (Contact the Registrar if you don't receive email confirmation within 3 days.)

E-mail: registrar@stmarys.edu

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 \$1278 Audit course \$474 [Alum audit \$330; use separate form]
 (1 CR course \$426 1.5 CR course \$639) Independent Study \$1917 M.A. Thesis \$1917 (\$400 continuance)

Course Number	Brief Course Name (If two departments or numbers, write just one.)	Credit or AUdit	In-Person* or Virtual	Tuition (see above)
		CR AU	In-Person Virtual	\$
		CR AU	In-Person Virtual	\$
		CR AU	In-Person Virtual	\$

Registration Fee (\$85.00; non-refundable): \$

Student Services Fee (\$80.00; non-refundable): \$

*Required for Students Entering the Building (Only complete one time.) Late Registration Fee (N/A for Audits) (\$90.00; begins July 23, 2022): \$

TOTAL AMOUNT DUE: _____

AMOUNT BEING PAID AT REGISTRATION: (\$85 minimum, plus Late Registration fee beginning 07/23/22) \$

Check enclosed payable to *St. Mary's Seminary & University*.
 Check payable to *St. Mary's Seminary & University* mailed separately.
 Pay by credit card processed through a third party vendor online. (No additional fees.) Please email me an invoice.

*Please contact Marcia Hancock at mhancock@stmarys.edu regarding any billing questions. UNPAID BALANCE DUE: \$

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 (DPC) to make three equal payments due by the first of September, October and November.
- *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 _____

FOR OFFICE USE ONLY: Student ID#: _____ Date Registered: _____ Registrar: _____ Billing Officer: _____