



St. Mary's Ecumenical Institute

DMin REGISTRATION FORM - FA22

Register by mail or attached scan to

St. Mary's Ecumenical Institute, Attn: Registrar
5400 Roland Avenue, Baltimore, MD 21210-1994

E-mail: registrar@stmarys.edu

(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

À la Carte Payment Only: Complete Course Selection and Financial Information.

Course/Module/Thesis	Credit Hrs.	Tuition (\$540/credit)	Program Fee	Total
DM869 - Healing Trauma In-Person* Virtual	3	\$1,620	\$85	\$
				\$
DM801 - Module 1: Researching Ministry	2	\$1,080	\$0	\$
DM802 - Module 2: Creating Ministry	2	\$1,080	\$0	\$
DM803 - Module 3: Proposing Ministry	2	\$1,080	\$0	\$
DM899 - Thesis	6	\$3,240	\$0	\$

Late Registration Fee (N/A for Modules and Thesis) (\$90; begins July 23, 2022) \$

Annual/Completion Fee if applicable (\$250; non-refundable) \$

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

TOTAL AMOUNT DUE \$

Check or money order enclosed payable to **St. Mary's Seminary & University**.
Check or money order 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.



*Please contact Marcia Hancock at mhancock@stmarys.edu regarding any billing questions.

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: _____