



ALUM AUDIT REGISTRATION FORM – SP23

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

In-Person* Virtual

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: _____