

# ENROLLMENT FORM

ALL APPLICATIONS MUST BE ACCOMPANIED BY TUITION.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Date of Birth:     /     /                      Social Security Number:     -     -     -  
 Male            Female

Please register carefully. Requests for refunds or withdrawals must be submitted in writing and are granted in accordance with the policies of Loyola Marymount University.

**COURSE REGISTRATION**

FALL     SPRING     SUMMER     20\_\_\_\_

CRN NUMBER	COURSE NUMBER	COURSE TITLE	TUITION

FINANCIAL AID PROGRAMS (Only one can be applied; read details online at <http://extension.lmu.edu/crs>)

% MATCH

LMU Match* for Summer Theology	PARISH/SCHOOL:	CITY:	50%	
Registered LMU Alumni	LMU GRADUATION YEAR:	PROGRAM:	15%	

\*For: Priests, Religious, Deacons, Directors of Religious Education, Master Catechists, Youth Ministers, Catholic School Teachers and Staff, Liturgy or Worship Coordinators and Ministers.

Total Tuition \$ \_\_\_\_\_

**PAYMENT INFORMATION**

Enclosed is a check for \$ \_\_\_\_\_ (please make payable to *Loyola Marymount University*)  
 Please charge \$ \_\_\_\_\_ to the following card:    VISA    MasterCard    Expiration Date: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_ Cardholder's Zip Code: \_\_\_\_\_  
*(please print clearly)*  
 Cardholder's Signature: \_\_\_\_\_

Mail to: LMU Extension, Loyola Marymount University; 1 LMU Drive, Suite 1840; Los Angeles, California 90045 or Fax to: 310.338.2706