

# 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 with CRS Group in LMU Online Alumni Community	LMU GRADUATION YEAR: _____	15%	
Registered Facebook™ Fan with CRS	FACEBOOK NAME: _____	10%	

\*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