

EDUCATION
FOR
MINISTRY

REGISTRATION FOR NEW, RE-ENTRY, AND TRANSFER STUDENTS

PLEASE print legibly in ink.

Administrative mentor: _____

Group ID: _____ (if known) Your starting month: _____ (confirm w/mentor)

Circle: Ms. / Mrs. / Mr. / Rev. / Dr. / Deacon / Other: _____

Full name _____
Last First Middle Preferred

Social security # _____ (While not required, SSN is very helpful in preventing duplicate entries in the University's database of more than 182,000 people. It is printed only on transcripts.)

Address _____

City/State/Zip _____

Information for Statistical Reporting

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Multi-ethnic
Date of birth: _____	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> White Non-Hispanic
Marital status: _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
Denomination: _____	<input type="checkbox"/> American Indian/Alaskan Native	

Phones: Cell () _____ Home () _____

Email address _____

Registration Status:	
<input type="checkbox"/> registering as an EfM student for the first time	<input type="checkbox"/> registering in the same group after an absence
<input type="checkbox"/> registering in a different group after an absence from EfM	<input type="checkbox"/> registered student transferring to a different group*
<input type="checkbox"/> My former mentor is/was: _____	

* I completed all / part of year _____ and will start where I left off / repeat year _____.
Note: Students registering for the next year on schedule should sign a re-enrollment form. Do NOT complete this form.

Fees: Non-sponsored \$475 Payment method(s): Check/Money order (Payable to **EfM**)
 Sponsored \$375 Visa, MasterCard, or Discover please complete the payment card form.
 Reduced fee \$175 **Overpayments will be considered contributions to the program unless a request for refund is made within 30 days.**

*I have received a copy of Appendix B-1** explaining my commitment to my group and to the University of the South.*

Signature _____ Date _____

This form must be signed before enrollment can be processed. **If Appendix B-1 was not provided by your mentor, please go to <http://efm.sewanee.edu/forms/efm-forms> to view the form