

Administrative Mentor: _____

Group-ID: (if known) _____ **Your Starting Month:** _____ (Confirm w/mentor.)

PLEASE print legibly!

Ms/ Mrs / Mr / Rev / Dr / Deacon

Name _____
Last First Middle Preferred

Social Security # _____ (Used to prevent duplication in a database of more than 150,000 people. Printed only on transcripts.)

Address _____

Male Female

Date of Birth _____
dd/mmm/yyyy

Work Phone (____) _____ - _____

Marital Status _____

Home Phone (____) _____ - _____

Denomination _____

Email Address _____

Registration Information

- I am registering as an EFM student for the first time.
 - I am registering in the same group after an absence from EFM.
 - I am registering in a different group after an absence from EFM. *
 - I am a registered student transferring from mentor listed below to mentor listed at top.
- * My former mentor was: _____
- * I completed all part of Year _____ and will start where I left off repeat Year ____.

NOTE: Students who have completed a year and are beginning the next year on schedule should NOT complete this form. A Re-enrollment Form has been mailed to your mentor.

Ethnicity

- Asian or Pacific Islander
- Black Non-Hispanic
- Hispanic
- American Indian or Alaskan Native
- Multi-ethnic
- White Non-Hispanic
- Other

Fees	Payment Method <i>(combinations allowed)</i>	Check box if credit card is for others also
<input type="checkbox"/> Non-Sponsored \$450	MasterCard \$ _____ (16 digits)	<input type="checkbox"/>
<input type="checkbox"/> Sponsored \$340	Visa \$ _____ (13 or 16 digits)	
<input type="checkbox"/> Reduced Fee \$150	Check/M.O. \$ _____ (Payable to EFM)	

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

Signature _____ **Date** _____

<u>MasterCard or Visa Authorization</u> (We cannot accept any other cards.)	
Card Number _____ / _____ / _____	EXP. DATE _____
Name (printed) _____	(if different than at top)
Signature: _____	