



# EPISCOPAL DIVINITY SCHOOL

## Lifelong Learning at EDS Registration Form

Fall \_\_\_\_ January \_\_\_\_ Spring \_\_\_\_ June \_\_\_\_ Year \_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Church affiliation/profession \_\_\_\_\_

Are you an EDS alum? \_\_\_\_ Graduation date: \_\_\_\_ If not, have you attended courses at EDS? \_\_\_\_

When? \_\_\_\_\_ Are you in the Life Together Fellowship with the Diocese of MA? \_\_\_\_

*Fees are not refundable if the student withdraws after the first two class sessions of a Fall or Spring term course  
or the first session of a January or June term course.*

### COURSE REGISTRATION

Course Number	Credit	Audit
	\$585.00 per credit	\$300
1. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Total Fees: \$ _____ (total tuition plus \$50 one-time fee, if applicable*)		
If the course you are registering for is available via simulcast, will you take it simulcast or on campus? _____		

EDS courses range from 1- 3 credits. If the course is offered in a simulcast format, enrollment is limited to 15 in-seat and 10 online. Preference is given to EDS Final Year.

\*If this is your first course at EDS, please add the \$50 one-time registration fee to the total above.

Remember to enclose your check, made payable to “Episcopal Divinity School”, for the entire amount and mail to

the address below. If paying by credit card, please complete the following and mail or fax to 617-576-0575.

**CREDIT CARD INFORMATION**

Type of card (VISA or MasterCard only) _____	
Number on card _____	Expiration Date _____
Name on the card _____	Billing Zip Code _____
I authorize the Episcopal Divinity School to charge the listed fees to the credit card noted above.	
Signature _____	Date _____

Episcopal Divinity School, 99 Brattle Street Cambridge, MA 02138 617 682-1525 Fax: 617 576-0575

[registrar@eds.edu](mailto:registrar@eds.edu)

*(Form revised 6/21/cmc)*