St. Mary's College of Maryland
at Historic St. Mary's City

REQUEST TO ENROLL FULL-TIME DURING THE SUMMER SESSION

Name:_____ Date:_____
Last First Middle

Student ID#:_____ Daytime Phone:_____

State your reasons for this request. *Please print clearly.*

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If my request is approved, I understand that by enrolling in 12 or more credits, I will be responsible for full time tuition and fees. For the exact amount please contact the Business Office at x4303 or x4315. *This form must be completed each semester.*

_____ _____
Student Signature Coordinator of Advising Programs

_____ Date signed: _____
Associate Provost