

www.ucmo.edu/dualcredit 877-SAY-UCMO, Ext. 23

Dual Credit Enrollment Appl

Dual Credit Enrollment Application						
Last four digits of S.S	. Number: XXX - XX		L			
Student Name:Last	First		Middle	_		
	Flist					
	, MO Zip:				_	
Home Telephone: (_)Cell Phone:	()	Email Address:			
Admission to the Universit	y of Central Missouri is not prohibited by the effectiveness of efforts related to prohibited by the effectiveness of efforts related to prohibited by the effectiveness of efforts related to prohibite the effectiveness of efforts related to the e	because of race, religion, se	x, age, national origin, veteran or h	andicap. Age, racial,		
Name of High School	:	Previously enrolled	Previously enrolled in dual credit:			
Expected Year of High	h School Graduation:	Current Year: 2	0			
Course #	Course Title	Instructo	r Face to Face, Online, I-TV	Semester	Credit Hours	

Dual Credit Office Use

Student is responsible for verifying transferability of the above courses before enrolling. ENGL ACT: _____ GPA: _____ MATH ACT: _____

Signature of School Official Verifying Eligibility Date

After you have been admitted to the university and enrolled in the dual credit course(s), you will receive two envelopes, one with your User ID and student number, the other with your password. You will also receive a bill/schedule in the mail from the Student Financial Services Office. You will receive one copy upon admission and another at mid semester allowing you to pay online or in person.

Second page must be completed for enrollment \Longrightarrow



Release of Information/Signature Page

Student cannot be admitted if this form is not completed!

completed form, including student a regarding the student's dual credit of	nd parent/guardian signature, enables the enrollment—tuition payment, balance, gr	ner than the student without authorization. This ne named individuals to obtain information rade, etc. List below the names of parents, access to your files. Name at least two persons.		
I,educational or confidential records at t	, hereby authorize the following individuals he University of Central Missouri:	s access to information contained within my		
(Parent/Guardian Name[s])	(Teacher/Facilitator Name)	(School Counselor Name)		
enrollment form. I agree and understa I am unable to pay in full at said date, pay for the necessary expenses of the c course(s) will be made prior to comple	nd that I am responsible for the payment in I hereby agree and understand that I am sicourse(s) of which I am enrolled. Furthermetion of the course(s). Failure to make such	me in the college course(s) indicated on the attached full for the course(s). Subject to RSMo. §431.067, if gning a legally binding contract to borrow money to wore, I agree and understand that full payment of the payments may result in UCM taking legal and/or associated with said actions will be paid for by me.		
Student Signature	dent SignatureDate			
child/student understands that he/she is rescuese(s) and that he/she is rescuese.		ral Missouri, that he/she has been enrolled in a l. I hereby agree and understand that I will be held		
Parent/Guardian Signature		Date		
	e student must obtain a drop form from to the refund/drop policy deadlines found	n the counselor or class instructor, fill it out and d at www.ucmo.edu/dualcredit .		
This form must be complete	ed in full or student will not be enrolled in	n course(s).		