Addendum to Summit Technology Academy Application



FAX 816-347-9574 elliott@ucmo.edu **Eligibility Approval Form**

2019

AAS/BS Degree Program Name	Systems Engineering Technology	Design & Drafting	☐ Computer Science	Cybersecurity	☐ Bioinformatics	Software Engineering
STA Program Name	Network Engineering I/II	PLTW Digital Electronics/CIM	Software Development	Cybersecurity	Biomedical Interventions	Software Development
Please prin	t legibly.					
Student Last Name		First Name Middle		Name/Initial	me/Initial Social Security Number	
 Date of B	- Lligh Sohool		/	OR Acc		Math /Mriting
Date of B	irth High School	GPA ACT SCOTES	English/Math/Compos	site Att	cuplacer Reading/	iviatri/ writirig
High School Semester/Year of Dual Credit/Enrollment						
expectation	and understand The Miss. I give Metropolitan C e enrollment to my hig	Community Colleges a	and University of Cent	ral Missouri autho	rity to release all ir	
Student Signature Date						
Missouri Cal Colleges or Colleges or Colle	r my child's dual credit/ mpuses. I have read an University of Central Mi University of Central Mi Iformation to his/her hi	d understand the hig issouri student, must issouri calendar, polic	h school and college of follow. I understand the sies and procedures. I	eligibility that my s that my student m give the college au	tudent, as a Metro ust follow the Met	politan Community ropolitan Community
Parent/Guardian Last Name Firs		First Name	e Middle Name/I		nitial	
Parent/Guardian Signature			Date			
Principal/C I hereby cer guidelines. Conduct and	Counselor Approval tify that this student qually understand that dually d, as Missouri Innovatio licies and procedures.	y enrolled students ar	re expected to adhere	to The Missouri Ir	nnovation Campus	Student Code of
Principal or Counselor Name			Phone Number		Email	
Principal or Counselor Signature			Date			
	Schedule Ad		est at Metropolitan Com r test results to elliott@	,	(816) 604-1000	