DUAL CREDIT
UNIVERSITY OF CENTRAL MISSOURI

Enrollment Application

STOP: If you are enrolling in UCM Dual Credit courses for the first time, complete the online Admission Application at ***ucmo.edu/recruit***

Student Information

Legal Name:
Last First MI

Date of Birth: / /

UCM Student ID: (if known) 700 -

High School:

Graduation Month / Year:

FERPA Student Release

I hereby authorize and consent to the disclosure of my educational records between University of Central Missouri and the Parent/Legal Guardian identified below. This may include but is not limited to grades, registration, academic standing, payment information, and collections. _____Student Initial

Course Request

Course Prefix & Number	Course Title	Days/Times or Instructor *or* CRN - Course Reference Number (if known)	Credit Hours*	Delivery Method (Choose One)		
E.G. MO 1000	Intro to Being a Mule	MWF, 9 - 9:50 am	3	Face-to-Face	Online	I-TV
				○ Face-to-Face	○ Online	○ I-TV
				○ Face-to-Face	○ Online	○ I-TV
				○ Face-to-Face	○ Online	○ I-TV
				○ Face-to-Face	○ Online	○ I-TV

**The Dual Credit rate for 2016 -2017 is $85 per credit hour.*

Student Agreement

By signing this agreement I acknowledge my understanding:

- I am enrolling in a college-level course and that my work will be graded according to the same standards applied to college students in the same course.
- The final grade earned in this course will be entered into my permanent record at the University of Central Missouri.
- In order to drop a class I must obtain a Drop form from my high school and return it to Dual Credit Office prior to the refund/drop deadlines at *ucmo.edu/dualcredit*
- I acknowledge I am participating at my own risk in this/these Dual Credit program(s) and UCM activities. I acknowledge that I understand this assumption of risk and agree to waive and forever discharge any and all claims of negligence against UCM, its board, employees, volunteers, and all other persons or entities acting in any capacity on its behalf related to my enrollment at UCM.

Student Signature: _____ **Date:** _____

This application must be signed and verified by a school official or the student will not be enrolled in the course(s) listed.
Questions? Visit us at *ucmo.edu/dualcredit* or call (660) 543-4876

Parent/Legal Guardian Consent (for students under 18)

I hereby grant permission for my child to enroll in the UCM Dual Credit program. I understand:

- The subject matter of the course may be more complex and mature in nature. Expectations of student behavior and performance will be held to a higher standard.
- Although courses are generally transferable, it is the student's responsibility to ensure transferability with the college/university that she/he plans to attend. Tuition charges will remain.
- Student must submit an official Drop Form with the Dual Credit Office if they no longer wish to be enrolled in the course. To have course history removed from the UCM transcript and tuition & fees removed, form must be received by the published Last Day to Drop with 100% Refund date at *ucmo.edu/dualcredit*
- Any and all fees not covered by the District will be the Student's responsibility and the responsibility of the parent/legal guardian. UCM must receive payment in full by the end of the course. Students with outstanding balances will be passed to a third-party collections agency.
- I understand and acknowledge that this application includes, among other things, a negligence waiver and release of claims. I expressly state I am over the age of 18 and have had sufficient opportunity to review this document. I further certify I have read this document, understand it, and agree to be bound by its terms.

Parent/Guardian Signature: _____ **Date:** _____

Information to be Completed by High School

Cumulative GPA:_____ **Dual Credit Course(s) Semester:** - **Year:**_____

Note: Only complete this box for students enrolling in English, Math and/or General Chemistry.

ACT Math:_____ ACT English:_____ Accuplacer Math:_____ Accuplacer English:_____

School Official Signature: _____ **Date:** _____

Please scan and email completed Enrollment Application to *dualcredit@ucmo.edu* or fax to (660) 543-8333.

Reset Form