

College Credit Registration Form

FERPA Student Release

I hereby authorize and consent to the disclosure of my educational records between University of Central Missouri, Missouri Girls or Boys State Director, and the Parent/Legal Guardian identified below. This may include, but is not limited to, grades, registration, academic standing, payment information, and collections. **Student Initials**

Student Name: _____
Last First (Legal First Name) Middle

Home Address: _____

City: _____, MO Zip: _____ County: _____ Birth Date: ____/____/____

Primary Phone #: _____ Secondary #: _____

Student Email (REQUIRED): _____

POLS 1244 – Workshop in Political Science

Which American legion did you attend this summer? Missouri Boys State Missouri Girls State

Which credit option do you want to register for?

Option #1 for 2 credit hrs/"P" grade in fall semester. Total tuition due \$175

Option #2 for 3 credit hrs/letter grade in spring semester. Total tuition due \$262.50

****Student is responsible for verifying transferability of credits *before* enrolling****

Student Signature : _____ Date: _____

- Any and all fees 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 collection's agency.
- I understand and acknowledge that this registration 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 Name (print) : _____ Email : _____

Parent Signature : _____ Date: _____