

College Credit Application – Project Lead The Way

Office of Extended Studies
Humphreys Building #401
University of Central Missouri
P.O. Box 800, Warrensburg, MO 64093
ucmo.edu/PLTW



Social Security Number (required): _____ - _____ - _____

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

Home Address: _____

City: _____, MO Zip: _____ County: _____

Telephone: (_____) _____ - _____ Birth Date: _____ / _____ / _____
(Month) (Day) (Year)

Email Address (Required): _____

High School: _____

Current Grade Level: _____ Current GPA: _____ High School Graduation Year: _____

Check each course you are applying for below

- BIOL 2010 = Principles of Biomedical Science + Human Body Systems (3 credits)
- BIOL 1510 = Human Body System + Medical Interventions (4 credits)

Tuition cost is \$96.00 per credit hour. Make checks or money orders payable to University of Central Missouri. **Payment is due in full with application form.**

Section to be completed by PLTW instructor or Principal/Director. Check eligibility criteria met and sign below

- Student earned a final course grade of B or higher
- AND
- Student earned a score at the "Accomplished" or "Distinguished" level on the national EOC exam
- OR
- Student has been recommended for credit by PLTW course instructor

School must submit the following supporting documents for each student: official transcript showing final course grade, copy of EOC exam score sheet, and –if applicable- letter of recommendation from PLTW course instructor petitioning for underscoring student. Petitions will be subject to review and decision by the university's credit issuing program.

Name of PLTW Instructor Signature Date

UNIVERSITY OF CENTRAL MISSOURI

FERPA release of Information

The University of Central Missouri cannot release information to anyone other, than the student, without authorization. This completed form, including student and parent/guardian signature, enables the named individuals to obtain information regarding the student's enrollment, tuition payment, balance, grade, etc., during communications with UCM staff or faculty.

I, _____ hereby authorize the following individual(s) to
(student full name)
access information contained within my educational files or confidential records at University of Central Missouri,

Full Name Individual #1: _____

Full Name Individual #2 (optional): _____

Student Signature and Date

****Parental/Guardian signature required only if student is underage at the time of application****

I hereby authorize my child/student to enroll in the college credit course(s) indicated on this enrollment application. My child/student understands that he/she will be admitted to the University of Central Missouri for the issuing of these credits.

Parent/Guardian Name

Parent/Guardian Signature