

# College Credit Application – Project Lead The Way

Early College Programs  
Humphreys Building #401  
University of Central Missouri  
P.O. Box 800  
Warrensburg, MO 64093  
ucmo.edu/PLTW



UNIVERSITY OF  
**CENTRAL  
MISSOURI**

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 credit below

BIOL 2010 (Requires completion of Principles of Biomedical Science + Human Body Systems to award 3 credits)

BIOL 1500 (Requires completion of Medical Interventions + Biomedical Innovation to award 4 credits)

Tuition rate is \$99 per credit hour. Make check or money order payable to UCM. Tuition is due in full with application.

**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