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

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

☐ CTE 1300 – Introduction to Engineering Design (IED)

☐ ENGT 1000 – Principles of Engineering (POE)

☐ ENGT 1050 – Digital Principles & Applications (DE)

Each course is 3 credit hours and has a total tuition cost of $298.50. 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

Complete reverse or 2nd page

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