

# Project Lead The Way – College Credit Application

University of Central Missouri  
401 Humphreys Building  
Warrensburg, MO 64093-2324  
ucmo.edu/PLTW

UCM USE ONLY

Social Security Number (required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First (Legal First Name) Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, MO Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

Email Address (Required): \_\_\_\_\_

High School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

Semester and Year Applying for PLTW credit: \_\_\_\_\_ (Fall or Spring Semester) \_\_\_\_\_ (Year)

Course Title & Number	Credit Hours	Final Course Grade	End of Course Exam Score	Total Cost (\$85 p/credit hr)
CTE 1300 – Introduction to Engineering Design (IED)	3			\$255
ENGT 1000 – Principles of Engineering (POE)	3			\$255
ET 1050 – Digital Principles & Applications (DE)	3			\$255

\_\_\_\_\_  
(Student Name) \_\_\_\_\_ (Signature) GPA: \_\_\_\_\_

\_\_\_\_\_  
School Principal, Director or Teacher Signature \_\_\_\_\_ Date

## **PAYMENT MUST BE SUBMITTED WITH THIS FORM**

Please make checks or money orders payable to University of Central Missouri

Please be sure to complete the reverse, or 2<sup>nd</sup> page, of this form

# UNIVERSITY OF CENTRAL MISSOURI<sup>™</sup>

## 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 dual credit enrollment—tuition payment, balance, grade, etc.

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

\_\_\_\_\_

\_\_\_\_\_  
Student Signature and Date

**\*\*Parental/Guardian signature required only if student is a minor at the time of application\*\***

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

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature