

**Extended Studies
Special Credit Enrollment Form
University of Central Missouri**

Warrensburg, MO 64093
1-877-SAY-UCMO

Social Security Number _____ - _____ - _____ Banner ID Number _____

Student Name _____ (_____) _____
Last First Middle Any Other Name Previously Used

Home Address _____ Home Phone (____) _____

City/State _____ Zip _____ Day Phone (____) _____

County _____ State of Legal Residence _____

E-Mail _____

Birthdate ____ / ____ / ____ Place of Birth _____
City/State

Sex: () Male () Female Marital Status: () Single () Married

Are you: U. S. Citizen () Non-Resident Alien () Resident Alien () Do you consider yourself to be Hispanic/Latino? () Yes () No

Select one or more of the following racial categories to describe yourself:

() American Indian or Alaskan Native () Asian () Black or African American () Native Hawaiian or Pacific Islander () White

Admission to the University of Central Missouri is not prohibited because of race, religion, sex, age, national origin, veteran or handicap. Age, racial, and sexual data are important in determining the effectiveness of efforts related to the provision of equal educational opportunity. This information is not used for admission purposes.

Enrollment Status

Not seeking a degree at UCM:

- Special Enrollment - Graduate
- Special Enrollment - Undergraduate *

* Year graduated high school _____
Name of High School _____

Semester and Year Enrolling for _____
Semester/Session Year

COURSE #	CRN #	TITLE	GRADUATE CREDIT HRS.	UNDERGRAD CREDIT HRS.	LOCATION OF CLASS

I understand the following: Special Credit is designed to allow students with a bachelor's degree to enroll in short courses or special programs for one semester. Students who wish to continue their enrollment after one semester will need to contact the Graduate School and apply for graduate admissions by submitting a complete application, nonrefundable application fee, and official transcripts from each collegiate institution they have attended. (gradinfo@ucmo.edu or 660-543-4621)

Have you ever been enrolled at Central Missouri before? Yes _____ No _____
year

Have you attended another college since Central Missouri? Yes _____ No _____

Graduated with a Bachelor's From _____
School/College State Degree Year

Transferring From _____
Accredited College State Degree Year

Student Signature _____

**To drop or withdraw from this class you must contact the Office of Extended Studies,
660-543-4984 or extstudies@ucmo.edu.**