

Visiting Student – Registration Form

University of Missouri – St. Louis



THIS FORM IS FOR VISITING STUDENTS ONLY. A Visiting Student is a student who is currently enrolled at another post-secondary institution and plans to return to that institution. Complete the form and submit it to: Registration Office, 351 MSC, One University Boulevard, St. Louis, MO 63121.

For more information, please call (314) 516-UMSL (8675) or toll free at 1-888-GO-2-UMSL (462-8675). See MyView at www.myview.edu for schedules and class descriptions

A letter will be sent containing your Emplid (student id), single sign-on, and password. You will use these to access MyView to view course listings, register for classes, and view billings.

Visiting Students may register for classes in MyView during open enrollment. Open enrollment dates are posted both in MyView (under Self-Service) and on the Registrar's site at www.umsl.edu/~registration/.

Visiting students are not eligible for Financial Aid. If you are an entering first-time degree-seeking freshman, you must submit the regular application form and have an official high school transcript sent directly to the Admissions Office.

Visiting students are expected to have met course prerequisites as indicated in the Schedule of Classes. Students enrolling in coursework may be requested to show evidence of having met established prerequisites.

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VISITING STUDENT APPLICATION

UM-ST. LOUIS STUDENT NUMBER: _____
(will be assigned to new students)

1. Legal Name _____
Last First Middle Maiden or other

2. Soc. Sec. No. _____ - _____ - _____

3. Are you a Missouri resident? Yes No If yes, since? ____ / ____
Mo. Yr.
If less than 1 year, previous state _____

4. Have you previously applied for undergraduate admission to the University of Missouri - St. Louis?

Yes No If yes, when? _____

5. I plan to register in: Arts & Sciences Business Education Engineering Nursing

6. Birthdate ____ / ____ / ____ 7. Place of Birth _____
Mo. Day Yr. City State Country

8. Citizen of the U.S.? Yes No If no, what country? _____

If no, are you a Permanent Resident of the U.S.? Yes No If no, what Visa type? _____. If yes, you must
Provide a copy of your PR card.

9. Permanent Address and Telephone (This address will be used for all University correspondence prior to your registration)

Number & Street Apt. or Box No. City State Zip

() Cell Phone () Home/Day Phone

10. In case of emergency, please notify: Parent Guardian Other

Name _____

Address _____

() Cell Phone () Home Phone

The information in 11 – 13 is optional. It is requested for purposes of reporting to Federal Compliance Agencies; it will not be used in determining admission.

11. Ethnic Origin (Non-Citizen Permanent Residents of U.S. must designate an ethnic origin other than Non-Resident Alien). Non-Resident Alien (F,J, etc.) _____

American Indian/Alaskan Native Black White, Non-Hispanic
 Asian / Pacific Islander Hispanic Other _____

12. Gender: Male Female 13. Religious Preference: _____

14. Check one: Freshman Sophomore Junior Senior Post Baccalaureate

15. I plan to enroll for (check all that apply) Fall Semester Spring Semester Summer I Summer II Summer III
 Summer IV Summer V Summer VI

16. College or University currently attending _____
Name City and State

Date of Attendance: _____

17. MY SIGNATURE INDICATES THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ABOVE IS TRUE; I UNDERSTAND THAT MISREPRESENTATION OF FACTS ON THIS FORM WILL BE CAUSE FOR REFUSAL OF ENROLLMENT.

Legal Signature (in ink)

Date