Advanced Credit Program (ACP)
Permission Form
University of Missouri - St. Louis (UMSL) Dual Credit College Courses

THIS PAGE MUST BE COMPLETED, PRINTED OUT AND MAILED OR FAXED TO:
Mailing Address :  UMSL Advanced Credit Program  FAX Number:  314-516-7004
304 J.C. Penney
1 University Blvd
St. Louis, MO 63121-4400

Full Legal Name (please print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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Dear Student:

By signing this Permission Form, you understand that you are applying for registration in a UMSL college course, and will be considered a college student with the same rights and responsibilities. You are also giving permission to UMSL faculty and staff to:

- Release records pertaining to billing statements, charges, credits, payments, past due amounts, financial awards, and/or collection activity to your parents or guardians both in person and on the phone.
- Release non-directory academic information including, but not limited to, class schedules and grades.
- This form allows the Cashier's Office to send a billing email containing charges, credits, and your enrolled classes to the email address provided by you for your parent/guardian.

Your application will not be considered complete without:

- A principal/counselor signature
- Your Parent/Legal Guardian signature accepting financial responsibility and giving the ACP staff member's permission to discuss your application with the designated person(s).

Student Signature: ________________________________________________________________

Dear Parent/Legal Guardian:

By signing this Permission Form, you are recommending that your student be permitted to register in a UMSL college course. If your student is accepted and enrolled in the course, a fee will be assessed and you, as parent or guardian, agree to accept responsibility for payment. No payment is due at the time of registration. Your student will be invoiced by the University. Please note: According to FERPA, at the secondary school level, parents have a right to review student records but that right is transferred to the student at the post-secondary school level. Your signature signifies you understand the necessity to obtain your student’s permission for UMSL to discuss your student’s records with you.

Parent/Legal Guardian Signature: ____________________________________________________

As a representative of the high school I recommend that this student, who meets GPA requirements (Soph 3.0+, Jr./Sr. 2.5 +), be allowed to register for the dual credit course(s) listed below.

Principal/CounselorSignature: __________________________________ GPA (4.0) Scale __________

<table>
<thead>
<tr>
<th>High School: ___________________________</th>
<th>Semester Enrolling: Spring 2020</th>
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</thead>
<tbody>
<tr>
<td>UM Department/Course No.</td>
<td>UM Course Title</td>
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FOR ACP OFFICE USE ONLY: Confirmed by: _____________________________ Date: ________________
Advanced Credit Program

Application

Have you previously been enrolled as a UMSL ACP student? ○ Yes ○ No UMSL Student ID# __________________________ (if applicable)

Social Security # __________________________

Full Legal Name ____________________________________________________________

Last First Middle Parent/Guardian Name

Permanent Address __________________________________________________________

Number Street City

County State ZIP Code Telephone Number

Mailing Address (if different from above) _________________________________________

Number Street City

County State ZIP Code Telephone Number

Birth Date __________ Gender: ○ Male ○ Female I have lived in Missouri since (year): __________

If less than one year, previous city/state _________________________________________

Are you a citizen of the U.S.? ○ Yes ○ No If no, what country? ________________________________

For foreign students only, what is your visa status? ________________________________

Ethnic Origin: ○ American Indian/Alaskan ○ Black Non-Hispanic ○ White Non-Hispanic

○ Asian or Pacific Islander ○ Hispanic ○ Prefer Not to Disclose

High School Attending____________________________________ Anticipated High School Graduation Date _________

High School Status ○ Soph ○ Jr. ○ Sr.

E-mail Address ____________________________________________

The semester in which you are enrolling: Spring 2020

Please enroll me in the following courses of college credit:

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<thead>
<tr>
<th>UM Department/Course No.</th>
<th>UM Course Title</th>
<th>High School Teacher</th>
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<tbody>
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FOR OFFICE USE ONLY

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<tr>
<th>Cr. Hrs.</th>
<th>Ref. No.</th>
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The University of Missouri-St. Louis is an affirmative action/equal opportunity employer committed to excellence through diversity.