

USE BALL POINT PEN.

Press firmly; this is a 5-ply form.

University of Missouri-Saint Louis

Continuing Education-Extension Credit Course Application Form

Type of applicant: Undergraduate Graduate Have you previously been enrolled as a student at UMSL? Yes No Student No.

Legal name in full: last first middle maiden Social Security No.

Applicant's permanent address: Number and street or RFD Apt. No. or Box No. City & State Zip Code

Home Phone Number: Work Phone Number: Date of Birth: Month Date Year

Place of Employment: Position or Title: In case of emergency, notify: Name Telephone Number

Address Relationship to applicant

Place of birth: I have lived in Missouri since If less than one year, previous address:

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 Sex: Male Female Asian or Pacific Islander Hispanic Non-Resident Alien

Are you actively pursuing a degree program at UMSL? Yes No If Yes, what academic major

Proposed department of study Field of concentration

Undergraduate Applicants:

Degree Sought: B.A. B.G.S. Bachelor of Music Teacher certification B.S.N. B.S.W. Please check one: B.S. AOJ B.S. Bus B.S. Chem B.S. Ed B.S. Econ B.S. Phys

High school attended name city state

Dates of attendance: to Graduation date

Have you earned the G.E.D. equivalent certificate? Yes No If yes, date and year

Graduate Applicants:

Degree Sought: M.A. or M.S. M.B.A. M.Ed. Certificate Advanced Certificate (60 hrs) Doctoral Please check one: Special Non-Degree (SND) No. of hours required

Specify semester and year you plan to enroll: Fall Winter Summer Year

Name and location of all colleges attended - state dates of attendance, degrees earned.

Table with 4 columns: Name of College, Location (city & state), Dates of Attendance, Degrees Earned

Please Register Me In:

Table with 6 columns: Dept, Course No., Course Title, Cr. Hrs., Ref. No., Location

I am enrolling in this course for: Graduate credit Undergraduate credit Audit

Method of payment:

Amount \$ Check Cash MasterCard VISA Charge Card No. Exp. Date

Date Name

Write your legal signature in ink