



**School of Graduate & Extended Studies**  
**Enrollment Form**  
**University of Central Missouri**  
Warrensburg, MO 64093  
1-877-SAY-UCMO

ADMISSION OFFICE USE

Enter your 700# if you have one,  
otherwise leave blank

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 \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City/State

E-Mail \_\_\_\_\_ 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:

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

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 UCMO (**SPECIAL CREDIT ONLY**):

- ☐ Special Credit - Graduate **Mark One**  
☐ Special Credit - Undergraduate \*

\* Year graduated high school \_\_\_\_\_

Name of High School \_\_\_\_\_

Semester and Year Enrolling for \_\_\_\_\_

**Select One**

COURSE #	CRN #	Semester/Session	Year	TITLE	GRADUATE CREDIT HRS.	UNDERGRAD CREDIT HRS.	LOCATION OF CLASS
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⌘ **To drop or withdraw from this class you must contact the Office of Extended Studies, 1-877-SAY-UCMO.**

As a first semester student, or a student not enrolled during the past three semesters, I understand this enrollment is tentative and that admission will be acted upon when this form, transcripts, and all credentials are on file. I agree to request immediately that all transcripts be forwarded to the School of Graduate Studies.

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 \_\_\_\_\_

*Go to <http://mycentral.ucmo.edu> to get your 7# (student ID) to pay your bill and view your schedule. Access Student Email and BlackBoard under the Student Services tab.*