



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
☐ 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 |
|----------|-------|------------------|------|-------|-------------------------|--------------------------|----------------------|
|----------|-------|------------------|------|-------|-------------------------|--------------------------|----------------------|

⌘ **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.