

## **School of Graduate & Extended Studies Enrollment Form University of Central Missouri**

Warrensburg, MO 64093

Enter your 700# if you have one,

1-877-SAY-UCMO

Social Security Numb	er	Banner ID N	Number	otherwis	se leave blank
Student Name	1	First	Middle	)	
		Filst	Middle	Any Other N Home Phone (	lame Previously Used )
City/State			Zip	Day Phone (	)
County			State of Legal	Residence	
Birthdate/	_/ Place of Bir	th			
E-Mail		City/State Sex: ( ) Ma		arital Status: ( ) Single	e ( ) Married
		lien ( ) Resident Alien ( )			
Do you consider yours	self to be Hispanic/La	atino? ( ) Yes ( ) No			
Select one or more of	the following racial o	categories to describe yourse	elf:		
) White ()Black	or African American	( ) Asian ( ) Native Haw	aiian or Pacific Islan	der ( ) American India	n or Alaskan Native
Admission to the University of C	Central Missouri is not prohibite	ed because of race, religion, sex, age, national opportunity. This information is not use	ional origin, veteran or handic	` '	
Enrollment Statu			F - F		
Not seeking a degre	ee at UCMO (SPE	CIAL CREDIT ONLY):			
Special Credit Special Credit Year graduated hi	- Undergraduate *				
Name of High Scho					
Semester and Year	· Enrolling for				
COURSE #		nester/Session Year		GRADUATE UNDERGRAL CREDIT HRS. CREDIT HRS	
oodiloe "	Grav.n				
		s class you must conta- lled during the past three semeste			
		s are on file. I agree to request imn			
		- I Miss a suit le faus O . /		N	
Have you ever beer	n enrolled at Centra	al Missouri before? ( ) Y	res ( )	No	
Have you attended	another college sir	nce Central Missouri? (	) Yes		( ) No
Graduated with a Ba	achelor's From				
		School/College	State	Degree	year
Transferring From _		According to the control of the cont	01:11:		
		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.