## Central Methodist University FIRST CLASS at CMU APPLICANT ADMISSION FORM

Please complete all information as requested. Your application will not be complete until all information requested is supplied, signatures attained and payment made. Please print legibly in blue or black ink. Two email addresses <u>required</u>. Please attach transcript.

Last   First   Middle   (MUST HAVE COMPLETE LEGAL NAME)	Social Security Number			Date of Birth			<b>Sex:</b> Male		Female	
Street or Box Number   City/Town   Zip Code   County	Student N	Name	Lact	Firet	Middle	(MIIST HA	VE COMPLET	FIEGAL NA	ME)	
Cell Phone						(INIOST TIA	VL CONIFEET	L LLOAL NA	AIVIL)	
Cell Phone	Mailing A	ddress	or Poy Number	City/Towr		7in (		Cour	tv.	
Area Code   (Area Code   Required   Please Print Clearly		Sileer	DI BOX NUITIDEI	City/ rowi	I	Zip (	Joue	Coun	ity	
Name of Parent or Guardian	Telephon	ie	Cell Ph	one	<u>E</u>		DI D.	1.01		
Street or Box Number   City/Town   Zip Code		(Area Code)		(Area Code)	К	kequirea	Please Prii	nt Clearly		
Parent's Telephone ()  Name of Applicant's High School  Principal's Name  Grade in School:  ACT Math sub score  Course Request Information  Course Request Information  Term (Fall, Spring, Year, Online)  Please list day, time and teacher for verification.  Total Semester Hours: In-house/ITV Online  Check Payment Method:  Credit Card (complete information below)  Credit Card Number  Credit Card Number  City/Town  Zip Code  City/Town  Zip Code  City/Town  Zip Code  Course Graduation (Mo/Year)  (REQUIRED)  REQUIRED  REQUIRED  Course Request Information  Course Title  Semester Hours Instructor  Instructor  ACT Math sub score  Course Title  Semester Hours Instructor  Course Title  Semester Hours Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Course Title  Course Title  Course Title  Semester Hours  Instructor  Instructor  Course Title  Course Title  Semester Hours  Instructor  Course Title  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Course Title  Semester Hours  Instructor  Course Title  Semester Hours  Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Instructor  Instructor  Instructor  Instructor  Instructor  Instructor  Instru	Name of I	Parent or Guard	dian		p	arent email R	EQUIRED			
Parent's Telephone ()  Name of Applicant's High School  Principal's Name  Grade in School:  ACT Math sub score  Course Request Information  Course Request Information  Term (Fall, Spring, Year, Online)  Please list day, time and teacher for verification.  Total Semester Hours: In-house/ITV Online  Check Payment Method:  Credit Card (complete information below)  Credit Card Number  Credit Card Number  City/Town  Zip Code  City/Town  Zip Code  City/Town  Zip Code  Course Graduation (Mo/Year)  (REQUIRED)  REQUIRED  REQUIRED  Course Request Information  Course Title  Semester Hours Instructor  Instructor  ACT Math sub score  Course Title  Semester Hours Instructor  Course Title  Semester Hours Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Course Title  Course Title  Course Title  Semester Hours  Instructor  Instructor  Course Title  Course Title  Semester Hours  Instructor  Course Title  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Course Title  Semester Hours  Instructor  Course Title  Semester Hours  Instructor  Course Title  Semester Hours  Instructor  Instructor  Course Title  Semester Hours  Instructor  Instructor  Instructor  Instructor  Instructor  Instructor  Instru	Mailing A	ddress								
Principal's Name	Street or Box No			nber	City/Town Zip		Zip	Code		
Please Attach Transcript (one per academic year)   GPA	Name of	Applicant's Hig	h School							
Please Attach Transcript (one per academic year)   GPA	Principal'	's Name		Counse	elor's Nar	me				
Course Request Information  Course Request Information  Course Request Information  Course Request Information  Course Title  Course Title  Course Title  Course Title  Please list day, time and teacher for verification.  Total Semester Hours: In-house/ITVhrs. @ \$80 per Credit Hr = \$(Total Due) Onlinehrs. @ \$120 per Credit Hr = \$(Total Due) Check Payment Method: Check- Payable to Central Methodist University (attached)									(REQUIRED)	
Term (Fall, Spring, Year, Online)  Course Time  Course Title  Course Tit		<u> </u>				ttach Trans	script (one p	er academ	ic year)	
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Credit Card Number	Cre	dit Card (comple	ete information belo	w)	_	School	Submitting pay	ment		
Name on Credit Card (Print)	Check o	ne (Master Ca	rd or Visa Only)	Master	Card	Visa				
Name on Credit Card (Print)	Credit Car	d Number					Expiration	on Date		
Signature										
	Signature <sub>.</sub>						_			

There will be a late fee of \$25.00 assessed to all accounts who are paying after the tuition deadline.

		Required): Plea Not Hispanic or Latino	ase indicate whether you consider yourself to be	<b>:</b> :
AmeAsiaWhitBlacNativ	rican Indian o n e/Caucasian k or African Ar ve Hawaiian/P tates Citizen (	Alaska Native nerican acific Islander Required) Yes rance and Signature -To	No No be completed by the Student and Paren	t/Guardian:
I .			ng statement. As evidenced by the stude and accepts the following:	ent's
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Participatir Further, I u	ng students mus inderstand that	guidelines for the delivery and meet overall requirements and b	y the student's Principal or Designee I transferability of dual credit programs offered in Mis be recommended by the high school principal or the p s restricted, generally, to third-year and fourth-year hi	rincipal's designee
P	rincipal's or So	hool Designee's Signature *Please Attach a Copy of t	 Date the Student's Most Recent Transcript*	
-	This complete	d form should be returned t	to:	
		Telephone: 660-248-68	or t Square- Fayette, Missouri 65248-1148	