

Fall tuition due date September 7, 2018  
 Spring tuition due date February 1, 2019

**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 required. Please attach transcript.**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Student Name \_\_\_\_\_  
 Last First Middle (MUST HAVE COMPLETE LEGAL NAME)

Mailing Address \_\_\_\_\_  
 Street or Box Number City/Town Zip Code County

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 (Area Code) (Area Code) Required Please Print Clearly

Name of Parent or Guardian \_\_\_\_\_ parent email REQUIRED \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street or Box Number City/Town Zip Code

Parent's Telephone ( ) \_\_\_\_\_

Name of Applicant's High School \_\_\_\_\_

Principal's Name \_\_\_\_\_ Counselor's Name \_\_\_\_\_

Grade in School: \_\_\_10 \_\_\_11 \_\_\_12 Expected Date of Graduation (Mo/Year) \_\_\_\_\_ (REQUIRED)

**Test Scores (Required)** Please Attach Transcript (one per academic year)  
 GPA \_\_\_\_\_ ACT Math sub score \_\_\_\_\_ Qualifying Score \_\_\_\_\_

**Course Request Information**

| Course No. | Term (Fall, Spring, Year, Online) | Course Time | Course Title | Semester Hours | Instructor |
|------------|-----------------------------------|-------------|--------------|----------------|------------|
|            |                                   |             |              |                |            |
|            |                                   |             |              |                |            |
|            |                                   |             |              |                |            |
|            |                                   |             |              |                |            |

Please list day, time and teacher for verification.

**Total Semester Hours:** In-house/ITV \_\_\_\_\_ hrs. @ \$80 per Credit Hr = \$ \_\_\_\_\_ (Total Due)  
 Online \_\_\_\_\_ hrs. @ \$120 per credit Hr = \$ \_\_\_\_\_ (Total Due)

**Check Payment Method:**

\_\_\_\_\_ Check-- Payable to Central Methodist University (attached) Check# \_\_\_\_\_

\_\_\_\_\_ Credit Card (complete information below) \_\_\_\_\_ School Submitting payment

**Check one (Master Card or Visa Only)** MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**There will be a late fee of \$25.00 assessed to all accounts who are paying after the tuition deadline. Students are not enrolled into classes until tuition is received, signature's obtained and prerequisites met.**

**Ethnic Background (Required):** Please indicate whether you consider yourself to be:  
Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

In addition, select one or more of the following racial categories to describe yourself:

- \_\_\_\_ American Indian or Alaska Native
- \_\_\_\_ Asian
- \_\_\_\_ White/Caucasian
- \_\_\_\_ Black or African American
- \_\_\_\_ Native Hawaiian/Pacific Islander

**United States Citizen (Required)** Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant's Assurance and Signature—To be completed by the Student and Parent/Guardian:**  
**School Officials' Assurances and Signature**

*The student should read the following statement. As evidenced by the student's signature, the applicant understands and accepts the following:*

- I understand that I am making application for enrollment in a college-level class offered in cooperation with my high school and Central Methodist University. As such, the course content, as well as the credentials of the instructor, is designed to duplicate the standards for the identical course that is taught on the campus of Central Methodist University or one of its regional centers. I understand that tuition for this course is to be paid in full.
- I further acknowledge that Central Methodist University and the course instructor will expect my approach to this class, including the out-of-class time I devote to studying for the course, to be commensurate with a satisfactorily-performing college-level student. To monitor and assess the academic rigor that is anticipated for this class, I understand that artifacts, or samples, of my coursework may be collected and reviewed by professorial staff of Central Methodist University.
- I understand that at the conclusion of the class and an assignment of a final course grade by the instructor, Central Methodist University will maintain an academic record of my enrollment and grade in the institution's academic files, and if applicable, will send a copy of the grades to the participating high school. Upon written request and the remittance of fee charges, a transcript of my enrollment and grade in the class will be provided by Central Methodist University to colleges and universities I may attend.
- I authorize Central Methodist University to release my financial and academic information to my parent or legal guardian.

\_\_\_\_\_

*Student's Signature*                      *Date*                      *Parent/Guardian Signature*                      *Date*

**To be read and signed by the student's Principal or Designee**

I am familiar with the policy guidelines for the delivery and transferability of dual credit programs offered in Missouri high schools. Participating students must meet overall requirements and be recommended by the high school principal or the principal's designee. Further, I understand that eligibility for dual-credit courses is restricted, generally, to third-year and fourth-year high school students of junior and senior standing, who meet the requirements.

\_\_\_\_\_  
Principal's or School Designee's Signature                      Date

**\*Please Attach a Copy of the Student's Most Recent Transcript\***

This completed form should be returned to:

**Central Methodist University**  
**Peggy O'Connell**  
**First Class Coordinator**  
**411 Central Methodist Square- Fayette, Missouri 65248-1148**  
**Telephone: 660-248-6892                      Fax: 660-248-6392**  
**Internet: [www.centralmethodist.edu](http://www.centralmethodist.edu), [moconnel@centralmethodist.edu](mailto:moconnel@centralmethodist.edu)**