

TRANSFER APPLICATION FOR UNDERGRADUATE ADMISSION

UNIVERSITY OF MISSOURI

MU student number



If you have previously been an admitted degree-seeking student, print the Request for Re-admission in Undergraduate Studies form online at admissions.missouri.edu, and return it to the Office of Admissions, 230 Jesse Hall, Columbia, MO 65211-1300 or fax it to 573-882-7887.

You also may apply online at admissions.missouri.edu.

Complete both pages. Please print (in ink) or type.

PERSONAL INFORMATION (SELF)

1. Legal name

Last First Middle
Former or other name _____

2. Date of birth

Month Day Year

3. Place of birth

City State Country

4. Social Security number _____

5. Gender Male Female

We are required by the federal government to solicit certain demographic information to meet federal reporting requirements. This information will not be used in a discriminatory manner. It is not required, but it must be provided to be considered for some scholarship programs.

6a. What is your ethnicity?

Hispanic or Latino Non-Hispanic or Non-Latino

6b. What is your race? Please check one or more that apply:

American Indian or Native Alaskan White/Caucasian Asian (Other)
 Asian (includes Chinese, Filipino, Japanese, Korean, Thai and Asian Indian)
 Black or African-American Hawaiian/Pacific Islander

7. Citizen of the U.S.? Yes No

If no, what country? _____

8. If "No" above, do you have permanent resident (P.R.) status in the U.S.?

Yes No *If yes to P.R. status, please enclose a copy of green card.*

9. Are you a Missouri resident? Yes No

Not sure? For more information about tuition and residency, contact the Residency Office, 230 Jesse Hall, 573-882-3852.

10. Veteran of the U.S. armed forces? Yes No

11. Permanent address and telephone number

(This address will be used for all university correspondence prior to your first registration.)

Number and street (or RFD, apartment or box number)

City

County State Zip Country

(area code) Telephone number

(area code) Cellphone number

(area code) Fax number (if available)

Student email address (if available)

12. Name and address of Parent Spouse or Guardian/Other
(Check one. Complete address if different from item 11.)

Last First Middle

(area code) Telephone number

Email address (if available)

Number and street (or RFD, apartment or box number)

City State Zip Country

13. Prior to your 18th birthday, did you either reside with or receive support from a parent who has a bachelor's degree from a college or university? Yes No

14. Did either of your biological or adoptive parents complete a degree at MU? Yes No

If yes, please provide parent name(s) and Social Security number(s).

Name Social Security number

Name Social Security number

15. Are you interested in ROTC? Yes No

16. Would you like to receive information about fraternities and sororities? Yes No

ACADEMIC INFORMATION (SELF)

17. Ever enrolled in online or independent study courses at MU?
 Yes No If yes, when? _____

18. Term of expected entrance (check one)

Fall Spring Summer Year _____

19. Intended academic major

Are you? pre-med pre-vet med pre-law pre-pharmacy

20. Emphasis area (if applicable) _____

21. For general studies students only:

a. Is this an online self-paced program? Yes No

b. Is this an online semester-based program? Yes No

c. Is this an on-campus semester-based program? Yes No

For nursing and health sciences students only:

a. Is this an online program? Yes No

b. Is this an on-campus program? Yes No

22. If you have taken the GED High School Equivalency Test, indicate date.

Month Year

23. High school attended

Name

City State

24. Date of high school graduation

25. List name and location of all colleges attended, dates of attendance and degrees earned or expected before enrolling at MU. Include college work completed in high school. If now enrolled, indicate that in date space. List schools beginning with the most recent. Failure to indicate colleges or universities enrolled in will void your admission. If you have questions, contact us at 800-225-6075 (toll free in Missouri, Illinois and Kansas) or 573-882-7786. Your application cannot be processed until we have received official copies of all college transcripts. Transcripts must be sent directly to the Office of Admissions, University of Missouri, 230 Jesse Hall, Columbia, MO 65211-1300.

Name of college _____
 Location (City and state) _____
 Dates of attendance _____
 Degree(s) earned _____
 Degree date(s) _____

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PAYMENT INFORMATION

Return this form with the \$50 application fee to: Director of Admissions, 230 Jesse Hall, University of Missouri, Columbia, MO 65211-1300, Fax 573-882-7887. The application fee may be submitted by check, money order or credit card, made payable to University of Missouri. It is nonrefundable. Transfer applicants must submit transcripts of all college course work. In addition, a high school transcript is preferred but not required.

Legal signature (Required, in ink) _____ Date _____
I authorize the University of Missouri to maintain all my records under this name.

Application Fee: \$50 must accompany application

- Check or money order
- MasterCard Visa Discover

Card number _____ Expiration date _____

NOTICE OF NONDISCRIMINATION

The University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. Any person having inquiries concerning the University of Missouri's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact the Assistant Vice Chancellor of Human Resource Services/Affirmative Action Officer, University of Missouri, 130 Heinkel Building, Columbia, MO 65211, 573-882-4256; Director of MU Equity/Title IX Coordinator, University of Missouri, Memorial Union S303, Columbia, MO 65211, 573-882-9069; or the Assistant Secretary for Civil Rights, U.S. Department of Education.