



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 to 573-882-7887.

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

Complete both sides. 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

The information in questions 6a and 6b is 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 (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)
 Asian (Other) 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, 573-882-3952.

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) Cell Phone Number

(Area Code) Fax Number (if available)

Student E-mail 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

E-mail 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 natural 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 correspondence (independent study) at MU?

Yes No If yes, when? _____

18. Term of expected entrance (check one)

Fall Spring Summer Year: _____

19. Intended academic major (see list in this book) _____

Are you? premed prevet med prelaw prepharmacy

20. Emphasis area (if applicable) _____

21. For general studies and nursing students only:

a. Is this an evening-only MU Direct program? Yes No

b. Is this an online Center for Distance and Independent Study 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

Report of Required High School Course Work

University of Missouri

25. Name and location of all colleges attended, dates of attendance and degrees earned or expected before enrolling at MU. (If none, enter "none.") 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 1-800-225-6075 (toll free in Missouri, Illinois and Kansas) or 573-882-7786.

Name of college

Location (City & State)

Dates of attendance

Degrees earned

Degree dates

Name of college

Location (City & State)

Dates of attendance

Degrees earned

Degree dates

Name of college

Location (City & State)

Dates of attendance

Degrees earned

Degree dates

Please enter your senior year in-progress and planned coursework below and have your high school transcripts and transcripts of any college coursework sent directly to the Office of Admissions, University of Missouri, 230 Jesse Hall, Columbia, MO, 65211-1300.

SENIOR YEAR COURSEWORK IN-PROGRESS AND/OR PLANNED

COURSE TITLE	FALL (Indicate Yes or No)	SPRING (Indicate Yes or No)
Example: Calculus 1	Yes	Yes

By the time you graduate, will you have met the following core course requirements for admission: 4 units of English, 4 units of mathematics (algebra I and above), 3 units of science, 3 units of social studies, 1 unit of fine arts, and 2 units of the same foreign language? Yes No

If your answer is no, what course(s) will you be missing? _____

Return this form, with the \$45 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. Freshman applicants must have their high school submit a transcript showing course work, class rank and ACT or SAT scores. Transfer applicants should submit transcripts of all high school and college course work.

Legal Signature (Required):

(In ink) I authorize the University of Missouri to maintain all my records under this name. Date

Application Fee: \$45 must accompany application

Check or money order Mastercard Visa Discover

Account number

Expiration date

FOR COMPLETION BY HIGH SCHOOL COUNSELOR:

HIGH SCHOOL CEEB _____

HIGH SCHOOL PHONE (_____) _____

STUDENT RANKS _____ IN A CLASS SIZE OF _____

AT END OF _____ SEMESTERS (6, 7, 8).

ACT COMPOSITE _____ TEST DATE ____ / ____ / ____

SAT TOTAL _____ TEST DATE ____ / ____ / ____

(MU WILL VERIFY TEST SCORES BEFORE ENROLLMENT BY OFFICIAL TEST SCORE REPORT OR BY HIGH SCHOOL TRANSCRIPT.)

COUNSELOR'S SIGNATURE (REQUIRED) DATE ____ / ____ / ____

COUNSELOR'S E-MAIL