



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

1. Legal name
 First _____
 Middle _____
 Last _____
 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. The information in questions 6a and 6b will not be used in a discriminatory manner. It is not required, but it must be completed 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
 Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)
 Asian (other) Black or African-American
 White/Caucasian 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) Cell Phone Number _____
 Student E-mail Address _____

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

First _____
 Middle _____
 Last _____
 (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

17. Ever enrolled in online or independent study courses through MU?
 Yes No If yes, when? _____
18. Term of expected entrance (check one)
 Fall Spring Summer Year: _____
19. Intended academic major _____
 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 G.E.D. High School Equivalency Test, indicate date. Month _____ Year _____
23. High school attended
 Name _____
 City _____ State _____
24. Date of high school graduation _____

25. 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 1-800-225-6075 (toll free in Missouri, Illinois and Kansas) or 573-882-7786. Your application can not 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 _____
 Degrees earned _____
 Degree dates _____

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PAYMENT INFORMATION

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. Transfer applicants must submit transcripts of all college course work. In addition, a high school transcript is preferred but not required.

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

Application Fee: \$45 must accompany application
 Check or money order MasterCard Visa Discover

Account number _____ Expiration date _____