

**HIGH SCHOOL, MIDDLE AND ELEMENTARY SCHOOL COURSE APPLICATION**  
**UNIVERSITY OF MISSOURI CENTER FOR DISTANCE AND INDEPENDENT STUDY**  
 136 Clark Hall — Columbia, Missouri 65211-4200  
 TELEPHONE: 573-882-2491 OR 1-800-609-3727 — FAX: 573-884-9665  
**YOU CAN ENROLL ONLINE: [cdis.missouri.edu](http://cdis.missouri.edu)**

1. Legal Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Initial Maiden

2. Have you previously enrolled with CDIS?  YES  NO CDIS ID, if known \_\_\_\_\_

3. Address \_\_\_\_\_  
 \_\_\_\_\_  
Missouri County  
 \_\_\_\_\_  
City State ZIP Code Country, if not U.S.A.

4. Telephone: Day ( \_\_\_\_\_ ) Evening ( \_\_\_\_\_ )

5. Date of Birth     
MONTH DAY YEAR

6. Gender\*  Male  Female

7a. What is your ethnicity?\*  Hispanic or Latino  Non-Hispanic or Non-Latino

7b. 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

\* This information is optional, and it is requested for purposes of reporting to federal compliance agencies; it will not be used in determining admission status.

8. Electronic Mail (E-mail) Address, if you have one \_\_\_\_\_

9. Have you been admitted into the MU High School's diploma program?  YES  NO

10. Are you a homeschool student?  YES  NO  
 Are you a charter school student?  YES  NO

Course Title	check one		check one	
	1st half/part	2nd half/part	Online Yes	Online No

11. How did you learn about us?

Academic Adviser/Counselor  Conference (Specify name of conference below.)  Peterson's Guide to Distance Learning  
 Word of Mouth  Advertisement (Specify name of publication below.)  Other (Please list below.)  
 CDIS Web Site  CDIS Bulletin (Specify approx. date received below.)  
 Other Web Site (Specify name of site below.)

12. Highest grade / year completed  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th

**PLEASE NOTE**  
 It is understood that the University of Missouri Center for Distance and Independent Study is authorized to report grade information on this course to a student's registrar or principal.  


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 Center for Distance and Independent Study:  
 A PROGRAM OF MU EXTENSION

# Students Enrolling for High School Transfer Credit: Please Obtain Required Signatures

**HIGH SCHOOL OFFICIALS:** To be completed by a high school official. Student has permission to take this course(s). **Note: High school students enrolling in university-level courses must be in the top 25 % of their class and have achieved an ACT score of 24 or better (or equivalent SAT score). Students must include a copy of their high school transcript.** (MU High School Diploma students disregard.)

High School Principal's or Counselor's Signature \_\_\_\_\_ Print Name Here \_\_\_\_\_ Title \_\_\_\_\_

Student's Name (Please Print) \_\_\_\_\_ If the student is enrolling in a university-level course, is a copy of his/her high school transcript on file at CDIS? YES  NO

Course Title \_\_\_\_\_

Name of School \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date \_\_\_\_\_ (Area Code) Telephone Number \_\_\_\_\_ (Area Code) Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Students: Calculate Fees and Send Payment With Application

1. ENROLLMENT FEE

- a. Middle School and Elementary Courses: \$155.00 per part
- b. High School Independent Study Courses: \$155.00 per 1/2 unit
- c. High School Semester Courses: \$180.00 per 1/2 unit

ENROLLMENT FEE	
\$	1.

2. ADMINISTRATIVE FEE

\$25.00 per course. This non-refundable fee is required with every enrollment. (MU High School Diploma students disregard)

ADMINISTRATIVE FEE	
\$25 per course	
\$	2.

3. UPS OVERNIGHT OPTION – Monday through Friday (Domestic Delivery Only = Continental United States Only)

This optional service can only be used for textbooks and other required course materials. Paying for the overnight option does not speed the processing of a transaction, only the delivery. **Please contact the Center at 1-800-609-3727 for rates.**

UPS OVERNIGHT FEE	
\$	3.

4. AIR MAIL FEE – Required for many students outside of Continental U.S. ZIP Code

Provides AIR MAIL service for the course study guide, return lesson/exam service, and regular correspondence. Additional fees will apply for textbooks and materials. **Please contact the Center at cdis@missouri.edu for rates.**

AIR MAIL FEE	
\$	4.

5. TEXTBOOKS/VIDEO – Please order texts now while correct edition is available.




Use the TEXTBOOK ORDER FORM in bulletin. A home use deposit is required for videos borrowed from the Center. Add **3.125% sales tax** to the cost of texts and to the home use fee for videos mailed to a Missouri address.

TEXTBOOKS/VIDEO	
\$	TAX 5.

6. SUPPLEMENTARY MATERIALS RENTAL/MISCELLANEOUS FEE

RENTAL/MISCELLANEOUS FEE	
\$	6.

ENCLOSE CHECK OR MONEY ORDER, payable in U.S. dollars to the University of Missouri. DO NOT SEND CASH. You may use your credit card by completing the information below.

		Card Number _____	Expiration Date _____	CVV2 Code - 3 digit number _____
		(CVV2 Code) _____	Print name as shown on card _____	
			Signature of Card Holder _____	

TOTAL	
\$	

FOR OFFICE USE ONLY

If you wish to have the receipt from the credit card used above mailed to an address other than the one listed for the student on the front of this application, please list it here.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

The University reserves the right to modify by increase or decrease the fees charged for attendance and other services at the University, including but not limited to educational fees, at any time when in the discretion of the governing board the same is in the best interest of the University, provided that no increases can or will be effective unless approved by the governing board not less than thirty (30) days prior to the beginning of the academic term (semester, etc.) to which the fees are applicable, with all modification of fees to be effective irrespective as to whether fees have or have not been paid by or on behalf of a student prior to the effective date of the modification.

All fees are due and payable to the University and are the student's responsibility to pay as the result of registration or other activity that incurred as charges to the student. Students with delinquent accounts will NOT be allowed to enroll in subsequent courses.

I agree to abide by the Center's policies. I understand that all work, including exams, must be received by the Center at least three weeks prior to my deadline for a grade report. I have read the REFUND POLICY and understand that before enrolling it is my own responsibility to determine whether or not the course will meet my specific requirements and that exceptions cannot be made because of improper advisement or changes in my credit requirements.

STUDENT'S LEGAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Center for Distance and Independent Study

## TEXTBOOK ORDER FORM

Mail, Telephone, Fax, or Deliver to:

UNIVERSITY OF MISSOURI CENTER FOR DISTANCE AND INDEPENDENT STUDY  
136 Clark Hall — Columbia, Missouri 65211-4200  
TELEPHONE: (573) 882-2491 OR 1-800-609-3727 — FAX: (573) 882-6808

Send the books & materials listed below for the course:

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_

CDIS ID (if known) \_\_\_\_\_

(please print)

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I need all of the materials for this course. NOTE: If you check this box, you do not need to complete the author and title sections below.

I wish to receive USED books, if available. NOTE: If new books are desired, but not available, USED books will be sent and a refund made.

AUTHOR	TITLE	PRICE	OFFICE USE ONLY
TOTAL FOR BOOKS			
BOOKS SHIPPED TO MISSOURI ADDRESSES: ADD SALES TAX OF 3.125%			
TOTAL*			

\* If this order form accompanies course application, enter this total in the TEXTBOOKS block on the reverse side of the application form. You may write one check for the total amount of course fees and materials.

VISA, MasterCard or Discover Card Number    Card Expiration Date    CVV2 Code - 3 digit number

Check or money order payable to the University of Missouri

Print name as shown on card

Sign name here

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(please print)

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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I wish to receive USED books, if available. NOTE: If new books are desired, but not available, USED books will be sent and a refund made.

AUTHOR	TITLE	PRICE	OFFICE USE ONLY
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Print name as shown on card

Sign name here