

Center for Distance and Independent Study

REQUEST TO TRANSFER ENROLLMENT

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

(Please Print)

Date: _____

Student: _____ CDIS ID: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

I am enrolled in _____

Transfer fees to _____

If high school course, please request principal or counselor to sign below.

Enclosed is the transfer fee of \$35.00. Not more than one half of the original course may have been completed. The date of the initial enrollment remains effective for the new course. Fees cannot be transferred to another student.

_____ I have enclosed a check/money order for the fee(s).

_____ Charge the fee(s) to: Visa Mastercard Discover Exp. Date _____

You may use your credit card by completing the information below. **Please be sure that the account number is accurate and that the cardholder has signed where designated.**

Card Number _____

(Print name as shown on card)

(Signature of cardholder)

For office use only: AP _____ REF _____