

SELF-PACED COURSE REQUEST TO TRANSFER ENROLLMENT

(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) payable in U.S. dollars to the University of Missouri.

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

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.**

Credit Card Number _____

   Expiration Date _____ CVV2 Code - 3 digit number _____
 Print name as shown on card _____

Signature of Card Holder _____

For office use only: AP _____ REF _____