College Credit Application – Project Lead The Way	
Early College Programs Humphreys Building #401 University of Central Missouri P.O. Box 800 Warrensburg, MO 64093 ucmo.edu/PLTW	1871
	UNIVERSITY OF
Social Security Number (required):	MISSOURI.
Student Name:	
Last First (Legal First Name)	Middle
Home Address:	
City:, MO Zip: County	/:
Telephone: () - Birth Date: (Month) (Month)	////(Year)
Email Address (Required):	
High School:	
Current Grade Level: Current GPA: High School Gradu	uation Year:
Check each course you are applying for below	
CTE 1300 – Introduction to Engineering Design (IED)	
ENGT 1000 – Principles of Engineering (POE) ENGT	
1050 – Digital Principles & Applications (DE)	
Each course is 3 credit hours and has a total tuition cost of \$298.50. Make chec	k or money order payable to
Latin course is a credit nours and has a total tuition cost of \$290.30. Make chec	Nor money order payable to

UCM. Tuition is due in full with application.

Section to be completed by PLTW instructor or Principal/Director. Check eligibility criteria met and sign below

Student earned a final course grade of B or higher

AND

Student earned a score at the "Accomplished" or "Distinguished" level on the national EOC exam

OR

Student has been recommended for credit by PLTW course instructor

School must submit the following supporting documents for each student: official transcript showing final course grade, copy of EOC exam score sheet, and –if applicable- letter of recommendation from PLTW course instructor petitioning for underscoring student. Petitions will be subject to review and decision by the university's credit issuing program.

Date

UNIVERSITY OF CENTRAL MISSOURI

The University of Central Missouri cannot release information to anyone other, than the student, without authorization. This completed form, including student and parent/guardian signature, enables the named individuals to obtain information regarding the student's enrollment, tuition payment, balance, grade, etc., during communications with UCM staff or faculty.

I,	_ hereby authorize the following individual(s) to
(student full name)	
access information contained within my education	onal files or confidential records at University of
Central Missouri,	

Full Name Individual #1: _____

Full Name Individual #2 (optional):_____

Student Signature and Date

Parental/Guardian signature required only if student is underage at the time of application

I hereby authorize my child/student to enroll in the college credit course(s) indicated on this enrollment application. My child/student understands that he/she will be admitted to the University of Central Missouri for the issuing of these credits.

Parent/Guardian Name

Parent/Guardian Signature