

**Advanced Credit Program (ACP)**  
**Permission Form**  
 University of Missouri - St. Louis (UMSL) Dual Credit College Courses

THIS PAGE MUST BE COMPLETED, PRINTED OUT AND MAILED OR FAXED TO:

Mailing Address : UMSL Advanced Credit Program                      FAX Number: 314-516-7004  
 304 J.C. Penney  
 1 University Blvd  
 St. Louis, MO 63121-4400

**Full Legal Name** (please print): \_\_\_\_\_  
**Last Name**                      **First Name**                      **MI**

Dear Student:

By signing this Permission Form, you understand that you are applying for registration in a UMSL college course, and will be considered a college student with the same rights and responsibilities. You are also giving permission to UMSL faculty and staff to:

- Release records pertaining to billing statements, charges, credits, payments, past due amounts, financial awards, and/or collection activity to your parents or guardians both in person and on the phone.
- Release non-directory academic information including, but not limited to, class schedules and grades.
- This form allows the Cashier's Office to send a billing email containing charges, credits, and your enrolled classes to the email address provided by you for your parent/guardian.

Your application will not be considered complete without:

- A principal/counselor signature
- Your Parent/Legal Guardian signature accepting financial responsibility and giving the ACP staff member's permission to discuss your application with the designated person(s).

**Student Signature:** \_\_\_\_\_

Dear Parent/Legal Guardian:

By signing this Permission Form, you are recommending that your student be permitted to register in a UMSL college course. If your student is accepted and enrolled in the course, a fee will be assessed and you, as parent or guardian, agree to accept responsibility for payment. No payment is due at the time of registration. Your student will be invoiced by the University. **Please note:** According to FERPA, at the secondary school level, parents have a right to review student records but that right is transferred to the student at the post-secondary school level. Your signature signifies you understand the necessity to obtain your student's permission for UMSL to discuss your student's records with you.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

As a representative of the high school I recommend that this student, who meets GPA requirements (Soph 3.0+, Jr./Sr. 2.5 +), be allowed to register for the dual credit course(s) listed below.

**Principal/Counselor Signature:** \_\_\_\_\_ **GPA (4.0) Scale** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Semester Enrolling:** \_\_\_\_\_

UM Department/Course No.	UM Course Title	High School Teacher	Ref#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**FOR ACP OFFICE USE ONLY:** Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_



# Advanced Credit Program Application



Have you previously been enrolled as a UMSL ACP student?  Yes  No UMSL Student ID# \_\_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female I have lived in Missouri since (year): \_\_\_\_\_

If less than one year, previous city/state \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No If no, what country? \_\_\_\_\_

For foreign students only, what is your visa status? \_\_\_\_\_

Ethnic Origin:  American Indian/Alaskan  Black Non-Hispanic  White Non-Hispanic  
 Asian or Pacific Islander  Hispanic  Prefer Not to Disclose

High School Attending \_\_\_\_\_ Anticipated High School Graduation Date \_\_\_\_\_  
Year

High School Status  Soph  Jr.  Sr.

E-mail Address \_\_\_\_\_

For questions regarding this application or the Advanced Credit Program, call (314) 516-7005.

The semester in which you are enrolling: \_\_\_\_\_

Please enroll me in the following courses of college credit:

UM Department/Course No.	UM Course Title	High School Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FOR OFFICE USE ONLY	
Cr. Hrs.	Ref. No.
_____	_____
_____	_____
_____	_____
_____	_____

Estimated Cost

_____
_____
_____
_____