



University of Missouri System
Visiting Graduate Student Application

The **Visiting Graduate Student Application** allows degree-seeking graduate students to enroll in graduate level courses at other UM System campuses as non degree-seeking graduate students. No application fee is required. This application form should be:

1. completed by the student
2. approved by the **home** campus Graduate School
3. transmitted to the **host** Graduate School by the **home** campus **at least two weeks prior** to the start of the semester.

See **Important Student Information** on page two of this form for more details.

Financial aid may be available; students must contact the home campus student financial aid office about a **consortium agreement**. **Tuition/fee waivers generally do not transfer to the host campus.** Visiting students are subject to all registration regulations at the host campus and are not eligible to register as degree-seeking students on the host campus. Courses taken as a Visiting UM Graduate Student are subject to the transfer and residency policies of the home institution.

International (non-citizen) students should consult the International Center at the home campus to determine eligibility, before completing this application.

To be approved for UM System Visiting Graduate Student status, a student must:

- Be enrolled as a degree-seeking graduate student at the home campus;
- Be in good standing at the home campus as well as the visiting campus.

Part 1- Personal Information (Completed by Student)

1. Legal Name:

Last	First	Middle
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2. Date of Birth:

Month	Day	Year
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3. Place of Birth:

City	State	Country
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4. UM Student Number: _____

5. Semester: _____

6. Visiting Campus (where you will register):

- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> UM St. Louis | <input type="radio"/> UM Kansas City |
| <input type="radio"/> MU | <input type="radio"/> Missouri S&T |

7. Address and contact information:

Number and Street (or RFD, Apt. or Box Number)

City State

County Zip Code Country

(Area Code) Telephone # (Area Code) Cell Phone #

Student E-mail Address

8. Gender: Male Female

9. Citizen of the U.S.? Yes No

If no, what country: _____

Visa Type: _____

10. If "No" on #9, do you have Permanent Resident status in the U.S.? Yes No

If yes, attach a copy of your P.R. card (Green Card)

We are required by the federal government to solicit certain demographic information to meet federal reporting requirements. This information will not be used in a discriminatory manner. Question 11 applies to U.S. citizens only.

11a. What is your ethnicity?

- Hispanic or Latino Non-Hispanic or Non-Latino

11b. What is your race? Please check one or more that apply:

- American Indian or Native Alaskan White/Caucasian
 Asian (Chinese, Filipino, Japanese, Korean, Thai, Asian Indian)
 Asian (Other) Black/African Amer. Hawaiian/Pacific Islander

12. Are you a Missouri resident? Yes No

13. Are you a Veteran of the U.S. Armed Forces?

- Yes No

I have read and understand the requirements and limitations of the UM System Visiting Graduate Student program.

Legal Signature (required) Date

Part II- UM System Home Campus Certification (to be completed by a Graduate School official at the home campus).

Completed UM System Visiting Graduate Student applications should be submitted to the Graduate School at the **home institution** for eligibility certification, at least two weeks for prior to the start of the semester.

I certify that _____ is in good standing, is currently enrolled at the
(Student's Name)

University of Missouri - _____, and is seeking a _____
(Campus) (Degree- MA, EdSp, PhD, DNP, etc.)

degree in _____.
(Academic Program)

***Required for all Students:**

Printed Name of Graduate Dean: _____

Signature of Graduate Dean: _____ Date: _____

Home Campus Residency Status: _____

*** This section may not be required for all students. Consult your Home campus:**

Courses

Session	Course Name	Subject Area	Catalog Number	Section	Class Number	Units	Permission Number
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Printed Name of Program Academic Advisor: _____

Signature of Program Academic Advisor: _____ Date: _____

By signing this, the Academic Advisor assures the course(s) are relevant to the student's course of study, if successfully completed.

Important Student Information:

1. Student's home campus determines transferability and the maximum number of transfer hours allowed for courses taken as a UM Visiting Graduate student.
2. To officially transfer courses from the host campus to the home campus, students must order an official transcript from the host campus and comply with the home campus's transfer policies and processes.
3. Student's home campus determines all enrollment requirements for eligibility. Forms not submitted at least two weeks prior to the start of the semester may result in a delay to register for the course(s) for that semester.
- 4. Tuition and fee waivers generally do not transfer from the home campus to the host campus. Consult your home campus for details.**

Notice of nondiscrimination

The University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. Any person having inquiries concerning the University of Missouri's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact the Assistant Vice Chancellor of Human Resource Services/Affirmative Action Officer, University of Missouri, 130Heinkel Building, Columbia, MO 65211, (573) 882-4256; Director of MU Equity/Title IX Coordinator, University of Missouri, Memorial Union S303, Columbia, MO, 65211, (573) 882- 9069; or the Assistant Secretary for Civil Rights, U.S. Department of Education.