

Campus Location: CIRCLE ONE		Clinton		umbia		the Ozarks	Linn		Macon		
		Neosho	Onl	Online		Park Hills		Bluff	Sedalia		
		St. Louis (list	(list location)				Trentor	1			
		Waynesville Union			Other (list location)						
CMU Stuc	dent Number_				Social S	Security NO					
Student's Name: Last					First				Middle Initial		
Birth Datemonth/day/year							S				
. 1	,	070				A 1 ' 16'					
Academic	: Major:					Academic Min	ior:			_	
Mailing AddressStreet Name/Apt Num					Cell Phone						
	City	State		Zip	H	ome phone					
Emergenc	v	ne:		-		Emergency Ph	ione:				
indicate <sup>.</sup> coordina	which semesto tor. You can	e, clearly indica er or term in wh view your schec n/semester start	ich yo lule/u <sub>]</sub>	u wish to e	nroll. Ret	urn the comp	oleted form	directl	y to your adviso	or or site	
Course #	Title	of Course	Sem Hrs	M	T	W	T	E	ONLINE	Term/ Semes?	
								1			
	<u>I</u>	Total Hours			1		L	1	L	I.	
Student's	Signature					Date			_		
Advisor S	Sionature					Date					