



Consortium Student Enrollment Form

STUDENT INFORMATION:

Name _____
Last First Middle Initial (Any Other Names Previously Used)

Social Security #: _____

Home Address: _____ Date of Birth: _____

City / State / Zip Code: _____ Home Phone Number: _____

E-Mail: _____ Day Phone Number: _____

Have you ever been enrolled at UCM before? Yes No
Year _____

COURSE INFORMATION:

Course Number and Name: AGRI 2110-Agricultural Records CONSORTIU-CRN 24244

Please print out the enrollment form. Once you have completed the enrollment form, please scan it and attach it to an email addressed to: dsilvers@ucmo.edu

OR

You may fax it to the attention of Diana Silvers at (660) 543-8333

If you have any questions or concerns, please contact Diana Silvers, Program Assistant for UCM Extended Studies at (660) 543-4672.

**FOR MORE INFORMATION ABOUT CONTINUING YOUR EDUCATION AT THE UNIVERSITY OF CENTRAL MISSOURI
PLEASE VISIT WWW.UCMO.EDU**