Addendum to Summit Technology Academy Application Missouri Innovation Campus Eligibility Approval Form

Please print legibly.				
Student Last Name	First Name		Middle Name/Initial	
			/	
Social Security Number	Date of Birth	High School GPA	ACT Scores English/Composit	e
High School	Seme	ester/Year of Dual Credit,	/Enrollment	
expectations. I give Metropo		d University of Central M	t eligibility requirements and atte issouri authority to release all info :	
Student Signature		Date		
Parent/Guardian Approva	il			
		ollege authority to releas	ies and procedures as outlined in e my child's enrollment and grade	
Parent/Guardian Signature		Date		
Principal/Counselor Appro	oval			
guidelines. I understand that	t dually enrolled students are ovation Campus students, are	expected to adhere to the	s under the current Missouri Inno ne Missouri Innovation Campus St litan Community Colleges and Un	udent Code of
Principal and Counselor Nam	e	Phone Number	Email	
Principal or Counselor Signat	ure	Date		
	SS placement test at Metro			_
Attach results to	tills form and submit to gu		ur scriooi.	

☐ UCM Engineering Technology: Design & Drafting 2013-14 Year 1 Cohort

☐ UCM Systems Engineering Technology 2013-14 Year 1 Cohort