

Application for Admission under the Agreement on Graduate Education – The University of Missouri-Kansas City (UMKC), the Board of Regents of the State of Kansas, and the University of Kansas Medical Center (KUMC)

Students are enrolled at both the home and host institution, and pay tuition and fees at the host institution for the class(es) enrolled in under this agreement. Students enrolling at KUMC pay online in the Enroll and Pay system. Students enrolling at KUMC will receive instructions about using Enroll and Pay to pay tuition/fees and how to access the KUMC network/email account from the Graduate Studies Office. Students enrolling at UMKC pay tuition/fees at the Cashier's Office, 112 Administrative Center or online through the UMKC website. Deadlines for submitting applications are: August 1 for Fall Semester; December 1 for Spring Semester; and May 1 for Summer Session. **It is the student's responsibility to request and pay for a transcript to be sent from the host institution to the home institution if needed.**

Student completes this section:

_____ Social Security Number _____ Student # Home Institution

Name _____
 Last First Middle Maiden

Current Address: _____
 No & Street Apt. # City State Zip

Permanent Address: _____
 No & Street Apt. # City State Zip

Phone (____) _____ Date of Birth ____/____/____ Citizenship/Country _____

Visa Type (if applicable) _____

Signature of Representative from Home institutions International Student Office for students on a Visa: _____
 Date _____

Print Name of representative from International Student Office _____

Email Address _____

Degree(s) sought: _____ ENROLLMENT REQUESTED FOR:

Major* Field/Dept. _____ FALL 20 _____

Department _____ SPRING 20 _____

*This agreement includes all graduate degree programs excluding MD. SUM 20 _____

UMKC students attending at least one course at KUMC must complete these requirements prior to presenting an application to the Office of Graduate Studies host institution:

Signature of Student Health Representative*: _____
 (1012 Student Center Building) Date: _____

* Students are required to submit immunization, health history, and physical examination records. For more details, contact Student Health at 913-588-1941 or <http://www.kumc.edu/studentcenter/health.html>.

Signature of Health Insurance Representative*: _____
 (G112 Student Center) Date: _____

* Students must provide proof of health insurance. For more details, go to the health insurance website at <http://www.kumc.edu/studentcenter/healthinsure.html>

Note: I understand that my enrollment in the course(s) shown on this form is subject to the availability of class space at the time of my registration and I am responsible for all tuition and fees assessed by the host institution.

Signature _____ Date _____

Office of Graduate Studies of HOME institution completes this section: (UMKC students should send to: Office of Graduate Studies, 5004 Wescoe Pavilion, Mail Stop 4009, 3901 Rainbow Blvd., Kansas City, KC 66160-7116 and KUMC students should send to: Registration and Records at UMKC.

This is to certify that the above named individual is a Graduate Student in good standing at this institution. He/She has our permission to take the following course(s) at the:

_____ **University of Missouri – Kansas City** _____ **University of Kansas Medical Center**

The course(s) taken under this agreement count as resident credit toward graduation. Maximum of six hours per semester. These course(s) are a part of the student's graduate program or a prerequisite for the program.

Course Title	Class Number	Subject	Catalog #	Section	Semester Hrs	Instructor

*This GTA/GA/RA appointment must meet the minimum qualifications for the waiver of non-resident tuition at the home school.

Student # Host Institution _____

This applicant is eligible for enrollment : Yes No

Comments: _____

Student is eligible for GTA/GRA/GA appointment for the semester of enrollment under this agreement: Yes _____ No _____

Graduate advisor (signature) _____ Dean of Graduate School (signature) _____

Print Name _____ Print Name _____

Date Approved _____

Registrar's Office of HOME institution completes this section:

Student is: Resident for Tuition Purposes Non Resident for Tuition Purposes*

***ATTENTION STUDENT: If you are a Non Resident of the home school but live in the state of the host school, you may qualify for resident tuition rates. Contact the Registrar's Office of the Host Institution for more details.**

Home Registrar (signature) _____ Date _____

Print Name _____

Provide student with a copy of this form and send the original completed form to the Office of the Registrar, at the appropriate address below, for enrollment to be processed:

Office of the Registrar Attention: Enrollment
 University of Kansas Medical Center
 3001 Student Center
 Mail Stop 4029
 3901 Rainbow Blvd.
 Kansas City, KS 66160

Registration and Records
 University of Missouri – Kansas City
 115 Administrative Center
 5115 Oak Street
 Kansas City, MO 64110-2499