

# iStudy Adult Learner Application



**Applicant Information:** Please print in black ink or type.

UM Student ID # (Social Security # if no UM ID) \_\_\_\_\_ Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  Male  Female

Permanent Mailing Address \_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Alternate Phone Number

**Ethnicity:** Please be advised that providing information about your race/ethnicity is voluntary. This information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

African American  Asian American  Hispanic  Pacific Islander  American Indian  Caucasian  I decline to answer

### Eligibility for the Adult Learner Tuition discount:

To be eligible you must be over 25 and not seeking a UM degree. You may only use this discount for one course.

- I am over 25 years of age.
- I am not currently working toward a degree at the University of Mississippi.
- I have not used this tuition discount to pay for another University of Mississippi iStudy course.

**How did you find out about iStudy:**  Newspaper ad  Website  Email  Friend referral  Flyer

Referred by: \_\_\_\_\_ Position: \_\_\_\_\_  Other \_\_\_\_\_

**Course Requested:** \_\_\_\_\_  Online or  Paper **Amount:** \$550 **TOTAL AMOUNT DUE:** \$ \_\_\_\_\_  
Course Number

### Payment Information:

- Check or money order made payable to *The University of Mississippi*. Please mail or deliver to the address below.
- \*If you would like to pay by credit card, please call our office at 662-915-7313 between the hours of 8 am-5 pm Monday-Friday.

**Student Signature:** Type or sign name below to certify that you have read and agree to the terms below.

By signing or typing my name below I certify that I have carefully read all the regulations governing iStudy work at the University of Mississippi as set forth in the UM policy directory with particular attention to time limitations, examination and testing requirements, course work deadlines, and refund policy. I agree to observe these regulations. I have also reviewed and completed this entire course application.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed: \_\_\_\_\_

### OFFICE USE ONLY

Booked \_\_\_\_\_ Date \_\_\_\_\_ Orientation \_\_\_\_\_ Date \_\_\_\_\_

FMP \_\_\_\_\_ BB \_\_\_\_\_ CB \_\_\_\_\_ User ID: \_\_\_\_\_

Emailed info \_\_\_\_\_ Date \_\_\_\_\_ Enrollment Summary \_\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_