

iStudy Adult Learner Application



Applicant Information: Please print in black ink or type.

UM Student 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.

Do you consider yourself to be Hispanic/Latino? Yes No

American Indian or Alaskan Native Asian Black or African American Native Hawaiian, Other Pacific Islander White
 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 Flyer Referral

Referred by: _____ Position: _____ Other _____

Course Requested: _____ Online or Paper **Total Amount Due:** \$ 550 _____
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 _____