

iStudy Flex Course Application



Applicant Information Please print or type.

UM Student ID #	Name: First	Middle	Last	Today's Date	
Permanent Mailing Address	No. and Street	City	County	State	ZIP
Current Mailing Address	No. and Street	City	County	State	ZIP
Preferred Email Address	Alternate Email Address			Date of Birth (MM/DD/YYYY)	
()	()			<input type="checkbox"/> Male <input type="checkbox"/> Female	
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.

Reason for enrolling:

☐ Credit toward a degree at The University of Mississippi (must have academic dean's approval in box below) UM campus: _____

If this box is checked, please indicate the school or college that you are currently enrolled in:

☐ Applied Sciences ☐ Business Administration ☐ Engineering ☐ Liberal Arts ☐ Accountancy ☐ General Studies

☐ Education ☐ Journalism ☐ Pharmacy ☐ Other: _____

☐ Dual Credit

☐ Credit toward a degree at the following institution: _____

☐ Prerequisites for the following degree/program: _____

☐ Teacher licensure ☐ Other reason: _____

Are you currently on academic dismissal? ☐ Yes ☐ No

Graduating in current semester: ☐ Yes ☐ No Anticipated graduation date: _____

Are you currently incarcerated? ☐ Yes ☐ No

Do you currently live on a military base or will you be during any duration of this course(s)? ☐ Yes ☐ No

Are you, your spouse, or parent(s) actively serving in the military? ☐ Yes ☐ No

Course Requested: _____ Cost: \$ _____ Amount due: \$ _____
Course Number

***Please note:** School of Business students are allowed to take one iStudy course at a time.

_____ Cost: \$ _____ Amount due: \$ _____ \$ _____
Course Number Total

Payment Information: ☐ Check or money order made payable to *University of Mississippi* OR ☐ Bursar (*UM students only*)

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.

When do you plan on starting your flex year course? _____

Academic Dean's Approval Required for University of MS students, optional for others

Dean's Signature (valid for 60 days or upcoming semester) _____

_____/_____/_____
Date Approved

☐ Prerequisites have been checked.

☐ Is readmission to UM needed?

Comments _____

OFFICE USE ONLY

No holds _____ Date _____	F/S _____	Emailed info _____ Date _____
Booked _____ Date _____	CF/S _____	BH _____
1) FMP _____ BB _____ CB _____	DC _____	VA _____
2) FMP _____ BB _____ CB _____	VOE _____	Date _____
		Receipt # _____ Date _____

iStudy • P.O. Box 1848 • University, MS 38677-1848 • Jackson Avenue Center, Suite H • Oxford Campus
Toll Free: (877) 915-7313 • Fax: (662) 915-8826 • Email: istudy@olemiss.edu • Website: olemiss.edu/istudy

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PRE-ENROLLMENT QUESTIONNAIRE

APPLICANT NAME: _____

Please check either “yes” or “no” below to indicate the type of financial aid you are expecting to use to pay for your iStudy course. If you answer “YES” on any item, follow the instructions listed.

	TYPE OF AID	YES	NO	IF YOU ANSWERED YES:
a.	Do you plan on receiving Federal Title IV Aid (such as Federal Direct Subsidized & Unsubsidized Loans, Parent PLUS, Graduate PLUS, Pell Grant, FSEOG, or TEACH grant) or State of Mississippi Aid (such as Mississippi Eminent Scholars Grant-MESG, Mississippi Tuition Assistance Grant-MTAG, or Higher Education Legislative Plan for Needy Students-HELP)?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flex iStudy courses will not be considered for federal and state aid enrollment calculations. If the semester registration window is open and you would like to take a Semester iStudy course instead, please fill out the Semester iStudy Application.
b.	VA Scholarship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact the coordinator for Veteran and Military Services in the Center for Student Success and First Year Experience.
c.	AmeriCorp:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Become admitted to UM; fill out AmeriCorps paperwork; contact AmeriCorps directly about using their benefits at UM.
d.	UM Faculty/Staff Award:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Become admitted to UM as an undergraduate; send Form 19 to Human Resources; accept FA award online through my.OleMiss.edu .
e.	Child of Faculty/Staff Award:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Become admitted to UM; fill out the proper form from the Financial Aid website; accept FA award online through my.OleMiss.edu .
f.	Banking Hours:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Become admitted to UM; fill out the appropriate school district or agency paperwork. Please indicate the name of your school district or agency: _____
g.	UMMC Faculty/Staff Award:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Become admitted to UM; submit a copy of your approved UMMC Faculty/Staff Award form with your iStudy application; accept FA award online through my.OleMiss.edu .

All students must confirm that they have read the financial aid information related to iStudy enrollment. Check below to confirm that you have read the financial aid information located on the Office of Financial Aid website. <https://finaid.olemiss.edu/istudy/>

☐ I have read the financial aid information and I wish to be considered for financial aid.

If you checked this box, a copy of this application will be sent to the Office of Financial Aid once you have been approved and booked into your iStudy course(s).

☐ I have read the financial aid information and I do not plan on using financial aid.

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 read all the regulations governing the iStudy program 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 the course application in its entirety.

UM STUDENTS ONLY—I understand that **1)** tuition for a Flex iStudy course is separate from standard tuition, and **2)** Once I pass the midpoint of my class I must complete the course successfully to receive a passing grade.

Student Signature: _____

Date: ____/____/____