

# iStudy Non-UM Student Course Application



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

UM Student ID # (if previous student) \_\_\_\_\_ 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 non-discriminatory 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 prefer not to answer.

**Please list your reasons for enrolling below:**

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

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

**1st Course Requested:** \_\_\_\_\_  Online or  Paper **Cost:** \$ 955.50 **Amount Due:** \$ \_\_\_\_\_  
Course Number

**2nd Course Requested:** \_\_\_\_\_  Online or  Paper **Cost:** \$ 955.50 **Amount Due:** \$ \_\_\_\_\_  
Course Number

**Payment Information:** **Total Amount Due:** \$ \_\_\_\_\_

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 \_\_\_\_\_