Addendum to Summit Technology Academy Application



FAX 816-347-9574 elliott@ucmo.edu

Eligibility Approval Form

2025

Check program of interest.

Degree Program Name	Technology	Computer Science	Cybersecurity	Engineering	Bus. Analytics	Information Systems	Data Science
STA Program Name	PLTW Digital Electronics/CIM	Software Development	Cybersecurity	Software Development	MCC Courses	MCC Courses	Software Development
Please pr	int legibly.					_	_
Student Last Name First Name			st Name	Middle N	lame/Initial	Social Security Number	
 Date of	F Birth High S	School GPA ACT	Scores English	// n/Math/Composite	<u>OR</u> е <i>Асси</i> р	// placer Reading/N	/ Nath/Writing
High Scho	ol		Semeste	r/Year of Dual Cre	dit/Enrollment		
expectation	d and understand T ons. I give Metropo ege enrollment to n	litan Community (Colleges and Ur	niversity of Central	Missouri authorit	y to release all inf	endance ormation pertaining
Student Signature Date							
I approve Missouri (Colleges o Colleges o	Guardian Approversion of the control	al credit/enrollme ead and understan tral Missouri stude tral Missouri calen	d the high scho nt, must follow dar, policies an	ool and college eligg. I understand that d procedures. I giv	gibility that my stu at my student mus ve the college auth	dent, as a Metrop t follow the Metro	olitan Community opolitan Community
Parent/Guardian Last Name First Nam			st Name	Middle Name/Initial			
Principal I hereby c guidelines Conduct a	Jardian Signature I/Counselor Apprentify that this studes. I understand that and, as Missouri Innucleics and procedure.	ent qualifies to tal dually enrolled st ovation Campus st	udents are exp	ected to adhere to	The Missouri Inn	ovation Campus S	tudent Code of
Principal or Counselor Name				Phone Number		Email	
Principal o	or Counselor Signat	ure		 Date			

Schedule Accuplacer placement test at Metropolitan Community Colleges. (816) 604-1000

Email your test results to elliott@ucmo.edu

Revised, January, 2025