

Application for Admission under the Agreement on Graduate Education – The University of Missouri-Kansas City (UMKC), the Board of Regents of the State of Kansas, and the University of Kansas Medical Center (KUMC)

Students are enrolled at both the home and host institution, and pay tuition and fees at the host institution for the course(s) enrolled in under this agreement. Students enrolling at KUMC pay online in the Enroll and Pay system. Students enrolling at KUMC will receive instructions about using Enroll and Pay to pay tuition/fees and how to access the KUMC network/email account from the Graduate Studies Office. Students enrolling at UMKC pay tuition/fees at the Cashier's Office, 112 Administrative Center or online through the UMKC website.

Deadlines for submitting applications are: August 1 - Fall Semester, December 1 - Spring Semester, May 1 - Summer Session.

It is the student's responsibility to request and pay for a transcript to be sent from the host institution to the home institution if needed.

Student completes this section. Make sure all sections are completed and print clearly:

_____ Social Security Number _____ Student # Home Institution _____ Student # Host Institution
(to be completed by Host Institution)

Name _____
Last First Middle Maiden

Current Address _____
No & Street Apt. # City State Zip

Phone (____) _____ E-Mail Address _____ Date of Birth _____
Mo/Day/Year

Are you an international Student? YES _____ NO _____

Citizenship/country _____ Visa Type (if applicable) _____

Signature of Representative from Home institutions International Student Office for students on a Visa:
_____ Date _____

Print name of representative from International Student Office _____

Degree(s) sought: at home institution _____ ENROLLMENT REQUESTED FOR:

Department at home institution _____ FALL 20 _____

_____ SPRING 20 _____

* This agreement includes all graduate degree programs excluding MD. _____ SUMMER 20 _____

UKMC students attending at least one course at KUMC must complete the following requirements and obtain the appropriate signatures prior to presenting an application to the KUMC Office of Graduate Studies:

Signature of KUMC Student Health Representative*: _____
(1012 Student Center)

Date: _____

* Students are required to submit immunization, health history, and physical examination records. Contact Student Health at 913-588-1941 or <http://www.kumc.edu/studentcenter/health.html>.

Signature of Health Insurance Representative*: _____
(G112 Student Center)

Date: _____

* Students must provide proof of health insurance. For more details, go to the health insurance website at <http://www.kumc.edu/studentcenter/healthinsure.html>

Note: I understand that my enrollment in the course(s) shown on this form is subject to the availability of class space at the time of my registration and I am responsible for all tuition and fees assessed by the host institution.

Student Signature _____ Date _____

Office of Graduate Studies of HOME Institution completes this section. Please be sure all questions are answered:

This is to certify that the above named individual is a Graduate Student in good standing at this institution. He/She has our permission to take the following course(s) at the:

_____ **University of Missouri – Kansas City**

_____ **University of Kansas Medical Center**

The course(s) taken under this agreement count as resident credit toward graduation. Maximum of six credit hours per semester. This course(s) is a part of the student's graduate program or a prerequisite for the program.

Course Title	Subject	Catalog #	Class #	Credit Hours	Instructor
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GTA/RA/GRA Appointment Information:

Student is eligible for GTA/RA/GRA appointment for the semester of enrollment under this agreement: YES _____ NO _____

This GTA/GA/GRA appointment must meet the minimum qualifications for the waiver of non-resident tuition at the **HOME SCHOOL**.

Comments: _____

This applicant is eligible for enrollment at host institution YES _____ NO _____

Graduate Advisor Signature: _____ Print Name: _____

Phone # and E-mail Address: _____ Date of Approval: _____

Dean of Graduate School Signature: _____ Print Name: _____

Phone # and E-mail Address: _____ Date of Approval: _____

Registrar's Office of HOME institution completes this section:

Student is: Resident for Tuition Purposes _____ Non Resident for Tuition Purposes _____

***ATTENTION STUDENT: If you are a Non-Resident at the home school but live in the state of the host school, you may qualify for resident tuition rates. Contact the Registrar's Office at the Host Institution for more details.**

Home Registrar Signature: _____ Print Name _____

Phone and E-mail Address: _____ Date of Approval: _____

Send completed application to the appropriate HOST school at the address below:

KUMC

Marcia Jones
Director of Graduate Studies -
University of Kansas Medical Center
Mail Stop 4009
3901 Rainbow Blvd
Kansas City, KS 66160

UMKC

Registration and Records
University of Missouri – Kansas City
115 Administrative Center
5115 Oak Street
Kansas City, MO 64110