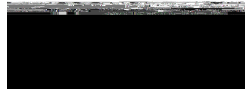


Addendum to Summit Technology Academy Application



Eligibility Approval Form 2019

AAS/BS Degree Program Name	Systems Engineering Technology	Design & Drafting	Computer Science	Cybersecurity	Bioinformatics	Software Engineering
STA Program Name	Network Engineering I/II	PLTW Digital Electronics/CIM	Software Development	Cybersecurity	Biomedical Interventions	Software Development

Student Last Name First Name Middle Name/Initial Social Security Number

_____/_____/_____ OR _____/_____/_____
Date of Birth High School GPA English/Math/Composite Reading/Math/Writing

High School Semester/Year of Dual Credit/Enrollment

I have read and understand The Missouri Innovation Campus dual credit/enrollment eligibility requirements and attendance expectations. I give Metropolitan Community Colleges and University of Central Missouri authority to release all information pertaining to my college enrollment to my high school, to my parent/guardians and to the MIC Business Partners.

Student Signature Date

Parent/Guardian Approval

I approve

} D.