



# Application for Missouri S&T Bio Sci Credit for High School PLTW Students

Missouri University of Science and Technology  
Office of the Registrar

103 Parker Hall  
300 West 13th Street  
Rolla, MO 65409-0930  
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http://registrar.mst.edu/

Students may receive undergraduate credit from the Missouri University of Science and Technology for successfully completing any of the PLTW Biomedical Sciences courses. Students must have taken the PLTW courses in high school, have an 80 percent average (B) or higher in the classes, and score a **70 percent or higher** on the PLTW end-of-course college-credit exams, and/or have a **stanine score of 6 or higher** for each class. If grades are assigned by semester, rather than by course, the two semester grades will be averaged. Credit will be awarded for the first year biology electives in the S&T curriculum listed below. Each course is 3 credits. The fee is \$250/course. The fee is only refundable if requested within the academic year in which the credit was granted. Students are encouraged to contact their prospective university to see how the credit would transfer.

Legal Name in Full		
Last	First	Middle
Social Security Number: _____ - _____ - _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female      Date of Birth: ____ / ____ / ____
Specify year and term in which you seek credit (check one) Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-US; Country: _____ <input type="checkbox"/> Visa Type, Number, Exp Date: _____
Ethnic Origin (Optional): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> African American, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other _____		
Your home address : _____		E-mail _____ Phone # _____
Street address	City	County      State      Zip Code
High School Name: _____		City: _____ State: _____
Year of Anticipated Graduation from High School: _____		
Have you ever enrolled for credit courses through the Missouri University of Science and Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate your Missouri S&T Student ID _____		
<b>Project Lead The Way Course / Missouri S&amp;T Course</b>	<b>Course Grade</b>	<b>EOC or Exam Score</b>
<b>Principles of the Biomedical Sciences (PBS) / Bio Sci 1943 Intro to Human Anatomy and Physiology I (A&amp;PI):</b> Semester(s)/Year taken: _____ Teacher's Name: _____ Teacher's Email: _____ Teacher's Signature: _____		
<b>Human Body Systems (HBS) / Bio Sci 1953 Introduction to Human Anatomy and Physiology II (A&amp;PII):</b> Semester(s)/Year taken: _____ Teacher's Name: _____ Teacher's Email: _____ Teacher's Signature: _____		
<b>Medical Interventions (MI) / Bio Sci 1982 Introduction to Biomedical Problems (BP):</b> Semester(s)/Year taken: _____ Teacher's Name: _____ Teacher's Email: _____ Teacher's Signature: _____		
<b>Biomedical Innovation (BI) / Bio Sci 1983 Introduction to Biological Design and Innovation (BI):</b> Semester(s)/Year taken: _____ Teacher's Name: _____ Teacher's Email: _____ Teacher's Signature: _____		<b>NA</b>
\$250 x _____ courses = \$ _____ Total Paid via: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (Type:MasterCard/Discover/VISA) Credit Card Number: _____ Please Make Checks Payable to Missouri S&T      Expiration Date: ____ / ____ Security Code # : _____		
Applicant's signature _____		Date of Application: _____
<input type="checkbox"/> Please send me additional information about Missouri S&T, Missouri's Premier Technological Research University		

**Return Completed Form to:**  
(Please give this to your high school counselor to send with an official high school transcript **which includes both graded semesters of your PLTW course.**)

**Missouri S&T Registrar's Office**  
103 Parker Hall, 300 West 13th Street  
Rolla, MO 65409-0930

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