

UNIVERSITY OF MISSOURI – COLUMBIA RESEARCH REACTOR (MURR)
Nuclear Quality Control Technology Non-Credit Courses
COURSE REGISTRATION FORM

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone (w/Area Code): Home: _____ Work : _____ Cell Phone: _____

Email Address: Work: _____ Home: _____

Current Employer (if applicable): _____ Date of Birth: _____ Gender: Male ___ Female ___

Country of Citizenship: _____ Residency: MO ___ Out of State ___ Permanent Resident ___

Race (Optional): American Indian/Alaskan Native ___ Asian/Pacific Islander ___ Black ___ White ___ Hispanic ___

EDUCATIONAL BACKGROUND – Please provide information on your secondary and post-secondary education, including training programs and apprenticeship programs.

INSTITUTION NAME / LOCATION: _____ DEGREE EARNED: _____ MAJOR/SPECIALTY: _____

COURSES FOR WHICH YOU ARE REGISTERING - Please note that your registration for a course(s) will be completed upon receipt of payment for the seminar(s) for which you are registering. Checks should be made payable to: "University of Missouri". You will receive an invoice showing payment in full and your class schedule by return mail; this information will include additional course logistics. Should you be placed on a waiting list for a course(s), you will be notified, and payment will be returned should space not become available. Be aware that for employment in the US nuclear industry, a person must be able to pass a criminal background check, drug screenings, and other pre-employment criteria, as determined by any future employer.

SUMMER 2009 SEMESTER:

- _____ Blueprint Reading, Metrology and Calibration (May 18-22), 2 units: \$325
- _____ Codes, Standards and Regulations (May 26-29), 2 units: \$325
- _____ Nuclear Industry Preventive and Corrective Actions (July 27-31), 2 units: \$325
- _____ Quality Audits (August 3-7), 2 units: \$325
- _____ Advanced Measurement and Testing of Materials (August 10-21), 4 units: \$650

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| Total Amount Enclosed: |
| \$ _____ |

Are You Currently Enrolled in LSTC's NT AAS program? Yes ___ No _____

If no, would you be interested in courses being considered for transfer to LSTC NT? Yes _____ No _____

By my signature, I certify under that the information provided in this form is accurate and complete:

Signature: _____ Date: _____

Please return this form with payment to: NQC Course Program, MU Research Reactor, 1513 Research Park Drive, University of Missouri, Columbia, MO 65211; For additional information, contact Mr. Randy Etter by email at: EtterR@missouri.edu , or by phone at 573-884-8403 or 573-882-8366.