

**International Center for Supplemental Instruction
University of Missouri-Kansas City**

SI Program Certification Application

Date: _____

Institution: _____

SI Program Coordinator: _____

SI Program Contact Phone Number: _____

SI Program Mailing Address: _____

City/State/Zip: _____

Billing Street Address: _____

Billing City/State/Zip: _____

Nonrefundable SI Program Certification Application Fee Due: \$75

*** Institutions should send checks PRIOR to submitting certification application to prevent delays. Please send checks to:**

**Academic Support and Mentoring
International Center for Supplemental Instruction
5000 Holmes Road
ASSC, Room 201
Kansas City, MO 64110**

SI Program Certification Fee Agreement & Application Acknowledgement

I understand that the SI Program Certification Application Fee of \$75 USD is non-refundable. I understand that the 60 day program review period will not begin until my \$75 application fee has been received. I also verify that the information provided in the SI Program Certification Application is true, accurate and complete to the best of my knowledge and that any false information or missing information may disqualify my SI Program Certification Application from consideration.

Institutional Representative

Date