

**STATE TECHNICAL COLLEGE OF MISSOURI  
UNIFORM CREDIT REQUEST FORM**

**THIS FORM MUST BE SUBMITTED PRIOR TO THE 1<sup>ST</sup> DAY OF EACH SEMESTER.**

**NO UNIFORM CREDITS WILL BE GRANTED AFTER THE FIRST TWO WEEKS OF EACH SEMESTER.**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Program \_\_\_\_\_ Uniform Charge \_\_\_\_\_ Semester \_\_\_\_\_

**IF THIS FORM IS NOT RECEIVED PRIOR TO THE 1<sup>ST</sup> DAY OF SEMESTER YOUR UNIFORM CREDIT WILL BE REDUCED TO \$157.50 THE 1<sup>ST</sup> WEEK AND REDUCED TO \$150.00 THE 2<sup>ND</sup> WEEK.**

Reason credit is requested:

\_\_\_\_\_ Major is declared but I am enrolled in General Education courses only. (Copy of Schedule must be attached)

\_\_\_\_\_ I pay for uniforms with my employer. I will wear these uniforms.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Finance Office  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Cashier Office Use Only:

Adjusted By \_\_\_\_\_ Date Adjusted \_\_\_\_\_

Student Adjustment # \_\_\_\_\_