

The Mizzou Store/TigerTech Student Purchase Plan Application School Year 2024/2025

Applicant _____ Student Number _____

Local Address _____

City _____ State _____ Zip _____ Phone _____

Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

I authorize The Mizzou Store/TigerTech to review my university financial and academic records to determine if I am eligible to participate in the Student Purchase Plan. Minimum 2.0 GPA and no academic or financial holds can be pending on an account to be authorized. _____ Initials required for application to be complete.

Internal Use Only