MURRAY STATE UNIVERSITY

HEA 189 Application

Check one: ___Faculty ___ Staff ___ Spouse (must include $30 application fee)

Please print or type. Incomplete applications will be returned.

1. Social Security Number (optional)_____E-mail_____M# _____

2. _____
Last name First name Middle name

3. Other last name(s), if any, which may appear on transcripts _____

4. Address _____
PO Box or Number and Street City County

_____ Home or cell phone # (_____) _____
State ZIP Code Area Code

5. Gender ____ Female ____ Male

6. Student's date of birth _____/_____/_____
Month Day Year

7. Citizen of the United States? ____ Yes ____ No If no, indicate country of citizenship _____
Do you have resident alien status? _____
Resident alien number_____

8. Are you Hispanic/Latino? ____ No ____ Yes

9. Race/ethnic background (optional) Mark all that apply.
___Hispanic or Latino (3) ___Am. Indian or Alaskan Native (4) ___Asian (5)
___Black or African Am. (6) ___Native Hawaiian or other Pacific Islander (7) ___White (8)

10. Have you previously enrolled at Murray State? ____ No ____ Yes If yes, when _____

11. Have you previously earned a bachelor's degree or higher? ____No ____Yes
If yes, institution and date _____

I understand that I am responsible for meeting all admission requirements. I also understand that withholding documents, or information on this application, or providing false information or documents will make me ineligible for admission and/or subject to administrative withdrawal. With this in mind, I certify that all statements on this form are correct and complete.

Date of application_____ _____
STUDENT'S SIGNATURE (Do not print)