



# Murray

MURRAY STATE UNIVERSITY™

Check one:  Faculty  Staff

Please print or type. Incomplete applications will be returned.

1. Social Security number \_\_\_\_\_ E-mail \_\_\_\_\_

2. \_\_\_\_\_  
Last name First name Middle name

A \_\_\_\_\_

3. Other name(s), if any, which may appear on transcripts \_\_\_\_\_

Do not write in this column R \_\_\_\_\_

4. Home address \_\_\_\_\_  
PO Box or Number and Street City County  
State ZIP Code Home/cell phone # (\_\_\_\_) \_\_\_\_\_  
Area Code

H \_\_\_\_\_ P \_\_\_\_\_

5. Current/correspondence address (if different from item 4) \_\_\_\_\_  
PO Box or Number and Street  
City State ZIP Code Current phone # (\_\_\_\_) \_\_\_\_\_  
Area Code

7. Gender  Female  Male

8. Student's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Place of birth \_\_\_\_\_  
Month Day Year City State

10. Citizen of the United States  Yes  No If no, indicate country of citizenship \_\_\_\_\_  
Do you have resident alien status? \_\_\_\_\_  
Resident alien number \_\_\_\_\_

Note: Refer to the Undergraduate Bulletin available at www.murraystate.edu for information on degrees and programs.

11. What subject/field/major do you plan to study? \_\_\_\_\_

12. IMMEDIATE DEGREE OBJECTIVE (Mark only one)	Assoc. - 2 yr. (1)	A.A. (01) _____	A.S. (02) _____	A.S.V.T.E. (03) _____	A.A.S. (04) _____
	Bacc. - 4 yr. (2)	B.A. (10) _____	B.I.S. (20) _____	B.S. (14) _____	B.S.N. (19) _____
		B.A.B. (21) _____	B.M. (12) _____	B.S.A. (15) _____	B.S.V.T.E. (18) _____
		B.F.A. (11) _____		B.S.B. (16) _____	B.S.W. (22) _____
Other	Teacher certification only (7) _____		No degree (5) _____		

13. Have you previously enrolled at Murray State?  No  Yes If yes, when \_\_\_\_\_

17. Are you a veteran?  Yes  No

18. Race/ethnic background (optional) 19. Course date: Fall 2005

- (1) American Indian or Alaskan Native  (4) Hispanic
- (2) Asian or Pacific Islander  (5) White, Non-Hispanic
- (3) Black, Non-Hispanic

20. Name and address of high school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21a. High school graduation year \_\_\_\_\_

21b. Date GED completed \_\_\_\_\_

21c. Did not graduate \_\_\_\_\_

22. Number of college hours you expect to earn before entering Murray State \_\_\_\_\_

23. Are you currently enrolled in a college?  No  Yes If yes, in how many hours? \_\_\_\_\_

25. List all colleges or universities that you have attended, that you plan to attend before you enter Murray State, or at which you have scheduled for off-campus, web or other distance learning courses.

Name of School	City and State	Degree (if any)	Enrolled From (mo/yr)	To (mo/yr)

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.

Term	Grant
Residence	
Cur.	
Orig.	
H.S.	
H.S. Grad. Date	
College	
Gender	Birthplace
Birthdate	
Citizen	Alum.
Marital Status	
Maj. 1	A - M
Maj. 2/Cur.	M - C
Advisor	
Decision Code	Degree Obj.
Degree	
Vet.	Race
Class	Prev. Enr.
Orig. Stat.	Prob.
PCC	
ACT	

Date of application \_\_\_\_\_

STUDENT'S SIGNATURE (Do not print)