



MSU Senior Scholars Course Registration Form

Return completed form to:

MSU Transfer Center/Enrollment Mgmt. • Attn: Alison Marshall • 102 Curris Center • Murray, KY 42071

Date: ____ / ____ / ____

Name: _____ M# _____
 (Last) (First) (MI)

Permanent Address: _____
 (Street)

 (City) (State) (Zip)

Home Phone # (____) _____ Other Phone # (____) _____

Current Email Address: _____
 (To notify student in case of problem/delay in scheduling of classes.)

PREFERRED COURSES

CRN #	Course Prefix	Course Number	Section Number	Credit Hours	Lab ID	Begin Time	End Time	M	T	W	Th	F	S

Submission of this form gives the Registration Office authorization to register you for the class listed. Once registered, all MSU add/drop deadlines apply. Refer to the current semester academic calendar.

Instructor's Signature _____ Student's Signature _____

For Registration Office Use Only:

Signature

Date Entered