



# MURRAY STATE UNIVERSITY

## MSU Senior Scholars Application

**Return completed form and copy of driver's license to:**

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

When do you plan to enter MSU?  Fall  Spring  Summer Year \_\_\_\_\_

SS# Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
PO Box or Number & Street City County State Zip Code

Home Phone # (\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Number # (\_\_\_\_) \_\_\_\_\_

Gender  Male  Female (This is requested for reporting purposes only and will not be considered in admission decision.)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizen of the United States?  Yes  No If no, indicate country of citizenship \_\_\_\_\_

Kentucky Resident  Yes  No If yes, how long? \_\_\_\_\_  
A residency challenge form must be completed for anyone whose residence in Kentucky has been less than one (1) year.

Race/Ethnic Background

- White (8)
- African American (6)
- Asian-Pacific Island (7)
- Hispanic (3)
- International Student (5)
- Native American (4)

High School

\_\_\_\_\_  
High School Name City State Date of Graduation

Have you previously attended MSU?  Yes  No If yes, approx. dates of attendance \_\_\_\_\_

Have you previously attended another college?  Yes  No If yes, approx. # of credits earned \_\_\_\_\_

Are you seeking a degree?  Yes  No

Will you be taking  Undergraduate Classes OR  Graduate Classes?

All information supplied on this form must be complete and accurate. You will not be considered for admission to Murray State University until you have submitted all the required credentials. Withholding information or giving false information may make you ineligible for admission and enrollment or subject to cancellation. Credentials are kept on file for only one year if the applicant does not enroll.

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