MSU Senior Scholars Application

Return completed form and copy of driver's license to:
MSU Transfer Center/Enrollment Mgmt. • Attn: Summer Ellegood • 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) ☐ Asian-Pacific Island (7) ☐ International Student (5)
☐ African American (6) ☐ Hispanic (3) ☐ 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 _____