



MURRAY STATE
UNIVERSITY

Racer Academy

Guidance Counselor/ Principal Approval Form

Student Name _____
(Please Print)

High School _____

Courses to be taken through Racer Academy:
ONLY LIST COURSES FOR THE CURRENT SEMESTER

Course Title(s) to be taken	Course Number(s) - if known

Semester _____

Are these courses for dual credit? Yes No

The above student meets eligibility requirements and is recommended to participate in Racer Academy taking the course(s) listed above.

Submission of this form confirms your understanding the student must abide by all applicable add, drop, withdrawal, refund, and payment deadlines. Additionally, your signature indicates your understanding that students who fail to begin or stop attending/participating in the class(es) in which they are enrolled will earn a failing grade which will appear on their permanent academic record.

Signature, Student _____ Date _____

Signature, Guidance Counselor or Principal _____ Date _____

Counselor E-mail Address _____