

Registrar's Office, please forward **BIS DEGREE AUDIT** to Tammy Thompson, CEAO Office.

**Release of Information Form for "What If" BIS DEGREE AUDIT**

**PLEASE ANSWER ALL QUESTIONS**

Academic Level of Interest (please circle one):

- |                                      |                    |
|--------------------------------------|--------------------|
| English as a Second Language Program | Post Baccalaureate |
| Undergraduate                        | Undeclared         |
| Graduate                             | Non-Credit         |
| Continuing Education                 |                    |

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

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Field of Study interest (please circle one):

- |                            |                           |
|----------------------------|---------------------------|
| Applied Science            | Health & Exercise Science |
| Arts & Humanities          | Human Services            |
| Commerce & Leadership      | Military Studies          |
| Communications             | Natural Sciences          |
| Educational Studies        | Safety Sciences           |
| General Studies            | Social Sciences           |
| Health Care Administration |                           |

Birth Date (xx/xx/xxxx): \_\_\_\_\_

Citizenship Status (please circle one):

- US Citizen    Non-Citizen    Permanent Visa    Resident Alien    Unknown

I would like to receive more information about:

- Online Courses                      Correspondence Courses

High School Graduation Year \_\_\_\_\_

Current College Name or Last College Attended \_\_\_\_\_

Previous Credit Hours earned \_\_\_\_\_

Have you previously attended Murray State University?    Yes    or    No

Was MSU the most recent institution you attended?    Yes    or    No

Anticipated Entry Term (please circle one):    Fall    Winter    Spring    Summer    Year \_\_\_\_\_

Where will you primarily attend classes?:

- |                               |                              |
|-------------------------------|------------------------------|
| Murray State Main Campus      | Madisonville Regional Campus |
| Fort Campbell Regional Campus | Paducah Regional Campus      |
| Henderson Regional Campus     | Online                       |
| Hopkinsville Regional Campus  |                              |

I give permission for the Registrar's Office to release my advising information, including MAP (transfer equivalency) report, MSU transcript, and transfer evaluations to the Continuing Education Department/BIS Adviser.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit completed form to:  
Continuing Education/Academic Outreach  
Murray State University  
303 Sparks Hall  
Murray, KY 42071  
Or by fax 270-809-3593

<b>BIS OFFICE USE:</b>
Date Received: _____
BIS Advisor: _____
Date Forwarded: _____
Date MAP Received: _____