Center for Continuing Education and Academic Outreach

MURRAY STATE UNIVERSITY

Please mail application & copy of Drivers License to:
Tammy Thompson
Murray State University/CEAO
303 Sparks Hall
Murray KY 42071
Toll Free # 1-800-669-7654 FAX # 1-270-809-3593
Email: msu.correspondencecourses@murraystate.edu

2013-2014 APPLICATION FOR COLLEGE CORRESPONDENCE STUDY COURSE(S)

(Both sides of this application must be filled out in full)

Name _____.
Last First M

_____. Gender _____M _____F _____.
Social Security # or M# (MSU students only) Date of Birth

Permanent Address _____.
Street, Route or Box # Apt. #

_____.
City County State ZIP

Current Address _____.
Street, Route or Box # Apt. #

_____.
City County State ZIP

*E-mail address_____.

Home Phone _____ Cell Phone _____.

If under 18 years of age, Parent or Legal Guardian's signature _____.

Parent's Printed Name _____.

Citizen of the United States? ____Yes ____No

If no, indicate country of citizenship _____.

Do you have resident alien status? ____Yes ____No

If yes, list Resident Alien Number _____. **Please mail a copy of your Resident Alien Card.**

Are you Hispanic/Latino? ___Yes ___No

Race/ethnic background (optional) ***MARK ALL THAT***
____Hispanic or Latino (3) ____Am. Indian or Alaskan Native (4) ____Asian (5)
____Black or African American (6) ____Native Hawaiian or other Pacific Islander (7) ____White (8)

COLLEGE CLASSIFICATION

Freshman_____ Sophomore_____ Junior_____ Senior_____ Bachelor's_____ Master's_____.

Anticipated Graduation Date: _____.

Have you ever been enrolled at Murray State University?_____ If so, when?_____.

Under what name were you previously enrolled at Murray State University? _____.

Are you currently pursuing a degree at MSU?_____ If so, in what college? _____.

NOTE: YOU MUST BE IN GOOD ACADEMIC STANDING TO TAKE A CORRESPONDENCE COURSE

COURSE(S) DESIRED

Course Number and Title_____.

Course Number and Title_____.

NOTES:

(1) It is the students responsibility to confirm that the above class(es) fit into their degree requirements.

(2) Correspondence courses cannot be used as graduate credit.

(3) A Correspondence course cannot be used to repeat a traditional course where a grade has already been given.

PAYMENT INFORMATION

Course tuition is $293.50 per credit hour for the 2013-2014 academic year. Payment in full MUST be made before course lessons are mailed to the student. Make checks payable to: ***Murray State University***

Payment made by: _____Check _____Credit Card using myGate _____Electronic Check using myGate

____Financial Aid (Murray State University Full-time students only)

Students wishing to complete the course in less than the minimum allowable time, must have written approval of the instructor and CEAO Dean, prior to starting the class.

_____. _____.

Instructor signature Date Dr. Brian Van Horn, Dean/CEAO Date

In signing this application, I agree to abide by the rules and regulations of the Office of Continuing Education/Academic Outreach at Murray State University. I further state that I have read and am familiar with these rules and understand that I am solely responsible for making sure that the class(es) listed above are required to complete my degree and that I am personally responsible for all payments.

_____.

For CEAO Office Use Only

Date Received _____ Student M#_____. Amount Paid $ _____ .

Receipt # _____ Copy of Driver's License Rec'd _____.

Enr. Date _____ End Date _____.