Office of Financial Aid/Scholarship
500 Sparks Hall
Murray, KY 42071-3312
msu.sfa@murraystate.edu
P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

Concurrent Enrollment Form

_____
HOST/VISITING INSTITUTION

The Concurrent Enrollment Form and the Consortium Agreement between Murray State University (MSU) and the 'HOST/VISITING INSTITUTION' will be used to determine the student's eligibility for Title IV Federal Student Aid at Murray State University.

All students **MUST** enroll in at least one course at MSU (an exception will be made regarding enrollment during summer session(s)) for our office to continue processing the Concurrent Enrollment Form. The course **must** transfer into and count towards your Murray State University degree.

To ensure processing of your request for financial aid, all requirements should be received in our office at least two weeks prior to the first Billing Statement due date. It is the student's responsibility to review the Requirements tab within the myGate Financial Aid tab, in addition to email notification, for any outstanding documentation that is being requested.

STUDENT SECTION

Last Name:_____**First Name:**_____**Middle Initial:** _____

Social Security Number:_____

Term of Enrollment (*please check appropriate box)* ☐ Fall ☐ Spring ☐ Summer Year _____

If attending a Study Abroad Program, please check the appropriate box of attendance. ☐ Fall ☐ Spring ☐ Summer Year_____

You must complete a separate form for each term of enrollment.

NAME OF COURSE	COURSE NUMBER	CREDIT HOURS	NAME OF COURSE	COURSE NUMBER	CREDIT HOURS
1.			**3.**		
2.			**4.**		

Term Beginning Date: _____ Term Ending Date:_____

CERTIFICATION OF HOST/VISITING INSTITUTION SECTION

I certify the student named above has scheduled for the listed course(s) at the Host/Visiting Institution. If this student's enrollment status changes, I agree to contact Murray State University of the change at the time it occurs. The tuition and fees for the above course(s) is $_____. The actual tuition and fees charges for a student who is enrolled full-time for the academic year are $ _____.

_____
Signature of Financial Aid Director ~ Host/Visiting Institution ***Date***

Please return the completed Concurrent Enrollment Form to the address above.

MURRAY STATE UNIVERSITY SECTION USE ONLY

Term of Enrollment *(please check appropriate box)* ☐ Fall ☐ Spring ☐ Summer Year _____

MSU Hours:			
Visiting Institution Hours:			
TOTAL HOURS:		***Signature of Office of Financial Aid/Scholarship***	***Date***
MSU Tuition Calculation:			

For Transfer Office Use Only	Transfer Course		Transfer Credits		Comments	For Registrar Office Use Only	Transfer Course		Count Towards Degree (Yes or No)		Comments

The Transfer Office certifies the course(s) has been reviewed for potential transfer into Murray State University.

_____
Signature ~ Transfer Office ***Date***

The Registrar Office certifies Murray State University will grant credit for the above listed course(s) towards the student's degree.

_____
Signature ~ Registrar Office ***Date***