



HEA 189 Application

Check one: Faculty Staff Spouse (must include \$40 application fee)

Please print or type. Incomplete applications will be returned.

Please return completed application to the Transfer Center, 102 Curris Center or fax 270-809-3411.

1. Social Security Number (optional) _____ E-mail _____ M# _____

2. _____
Last name First name Middle name

3. Other last name(s), if any, which may appear on transcripts _____

4. Address _____
PO Box or Number and Street City County

_____ Home or cell phone # (_____) _____
State ZIP Code Area Code

5. Gender Female Male

6. Student's date of birth _____/_____/_____
Month Day Year

7. Citizen of the United States? Yes No If no, indicate country of citizenship _____
Do you have resident alien status? _____
Resident alien number _____

8. Are you Hispanic/Latino? No Yes

9. Race/ethnic background (optional). Mark all that apply.
 Hispanic or Latino (3) Am. Indian or Alaskan Native (4) Asian (5)
 Black or African Am. (6) Native Hawaiian or other Pacific Islander (7) White (8)

10. Have you previously enrolled at Murray State? No Yes If yes, when _____

11. Have you previously earned a bachelor's degree or higher? No Yes
If yes, institution and date _____

I understand that I am responsible for meeting all admission requirements. I also understand that withholding documents, or information on this application, or providing false information or documents will make me ineligible for admission and/or subject to administrative withdrawal. With this in mind, I certify that all statements on this form are correct and complete.

Date of application _____

STUDENT'S SIGNATURE (Do not print)