

VISITING STUDENT STATEMENT



OFFICE OF ENROLLMENT SERVICES

PHONE: 1-800-585-6781

FAX: 606-783-5038

To be completed by student applying for Visiting Student status

This is to certify that I, _____
Last First Middle
 currently attend _____
Name of College or University

I am authorizing the release of academic information to be considered in my application for admission as a Visiting Student at Morehead State University. I understand that this form will be returned to Morehead State University and considered as admissions data. I further understand that Morehead State University will not be responsible for the determination of how course work that is taken as a Visiting Student will be applicable to a program of study where I am presently attending.

Social Security Number _____ Signature _____

THE FOLLOWING INFORMATION IS TO BE PROVIDED BY THE REGISTRAR'S OFFICE AT YOUR PRESENT INSTITUTION.

This office is aware that the above student has applied for admission as a Visiting Student at Morehead State University. The above student is currently in good standing: Yes No

If no, please comment _____

 Signature of Registrar

 Telephone Number

 College or University

 Fax Number

 Address

Return to: Office of Enrollment Services
 Morehead State University
 100 Admissions Center
 Morehead, KY 40351