



MOREHEAD STATE UNIVERSITY

Eagle Scholars Registration Form

MOREHEAD STATE UNIVERSITY

www.moreheadstate.edu/eaglescholars

Legal name _____

Social Security Number _____

Birth date ____/____/____

High school _____

Proposed courses to be taken through MSU's Eagle Scholars Program.

SPECIFIC COURSE REQUIREMENTS

Minimum math and English **subscores** listed below.

	ACT	COMPASS	KYOTE
Calculus	27		
Chemistry I	22		
College Algebra	22	50	
Physics	22		
Pre-Calculus	24		
Satellites & Space Sys I	24		
Trigonometry	22	50	
Writing I	18	74	6

Prerequisites must be met before students will be enrolled into requested courses.

COURSE #	COURSE TITLE	CHOOSE TERM		INSTRUCTOR
		<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Yearlong	
		<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Yearlong	
		<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Yearlong	
		<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Yearlong	

Please take a moment to verify the information you've provided, especially your Social Security Number and birth date.

Student signature _____ Date _____

I verify that this information is correct. School official signature _____

Mail completed form to: Registrar's Office, Morehead State University, 201 Ginger Hall, Morehead, KY 40351 or fax to: 606-783-9103.