

## **MURRAY STATE COLLEGE GUNSMITHING PROGRAM** APPLICATION FOR ADMISSION

Please do not write in this space!			
Date Received			
ApprovedNot Approved			
Office Use Only			

### Fall Enrollment

2024

#### The following must accompany this application:

- 1. Application to Murray State College (online)
- 2. Authority for Release of Information (Notarized)
- 3. Transcript of college, ACT scores, high school transcript or GED diploma
- 4. Cover letter with short Biography, Employment history (See Candidate Checklist Sheet for Instructions)
- 5. Copy of DD-214 if applicable (Veterans only)
- 6. Name, address & phone number of counselor (Vocational Rehabilitation only)
- 7. Copy of immunization records
- 8. 3 letters of recommendation

The information given in this application will be treated as confidential. Please answer all questions carefully and in full. The college reserves the right to accept or reject any applicant.

### ADMISSION TO THE GUNSMITHING PROGRAM

In order to apply to the Gunsmithing Program all applicants must meet MSC admission requirements, as well as

- 1. Satisfactory personal interview
- 2. Background check required by Federal Law. Persons with felony convictions or Misdemeanor convictions of domestic violence are not eligible.

**Please** Read

#### Note: Application does not guarantee acceptance. MSC selects students from those applicants who meet the highest level of admission requirements.

#### The MSC admission procedures are:

- 1. Submit a Murray State College application to the Registrar's Office online (www.mscok.edu)
- 2. Submit to the Registrar's Office ALL of the following and request a copy be sent to the Gunsmithing Department
  - a. High school transcript or equivalent
  - b. Official ACT scores report
  - c. College transcripts, if applicable
  - d. Immunization records
- 3. Submit to the Gunsmithing Program:

  - a. Application for Admission to Gunsmithing Program.b. Authority for Release of Information (for background check).c. 3 letters of recommendation

If Gunsmithing Program Application is received after May 30, 2024 it will be considered for the following 2025 school year. Contact Gunsmithing Department Office Assistant, Sandi Hopson: 580-387-7480 or shopson@mscok.edu

(Incomplete Applications will not be accepted)

# (Please Print) Application for Admission into Murray State College Gunsmithing Program

Name of Applicant: Last	First		Middle	
Telephone Number: ( _)	Date:			
Home Address				
City	State_		Zip Code	
AgeMarital Status	Date o	f Birth		
Email				
In case of emergency please p	rovide contact inforn	nation for the	person vou wish to be notified.	
Name of Contact Person				
Home Address				
CityState			_Zip Code	
	EDUC	CATION		
High School	Address			
City	State	Zip Code	Graduation Date	
Colleges Attended	Address_			
City	State		_Zip Code	
Colleges Attended	Address			
City	State		_Zip Code	
I will be a Private Student	Vocational Rehab		Veteran	
If Veteran, Date of Discharge	Type of Discharge			
Vocational Rehab Counselor:	Phone			
Address	CityState _		State	
What arrangements have you made	to meet your financial ob	oligations while y	you are in school?	
Tentative Plans after graduation				

### (Please Print)

# Murray State College Gunsmithing Program Application for Admission Continued:

CERTIFICATION OF APPLICANT: Each question must be answered with a "yes" or "no" in the box at the right of the question.

	a. Have you ever been arrested for a crime punishable by imprisonment?						
	b.	b. Are you under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year?					
		*A formal accusation of a	crime made by a	prosecuting attorney, as di	stinguished		
		from an indictment prese	sented by a grand jury.				
	C.	Have you been convicted	l in any court of a	crime punishable by impris	onment?		
		(Note: The actual sentence given by the judge does not matter—a yes answer is necessary if					
	the judge could have given a sentence of more than one year. Also, a "yes" answer is						
required if a conviction has been discharged, set aside, or dismissed pursuant to an							
	4	expungement or rehabilitation statute.  d. Are you a fugitive from justice?					
		, ,					
<ul> <li>e. Are you an unlawful user of, or addicted to marijuana, or a depressant, stimulant, or narcotic drug?</li> </ul>							
	f.	committed to a mental ins	stitution?	t by a judge mentally defec	·		
	g.	Have you been discharge conditions?	ave you been discharged from the Armed Forces under dishonorable				
	h.	h. Are you an alien illegally in the United States?					
	i.	Are you a person whom h renounced his citizenship		zen of the United States, ha	s		
		rtify that the answers to the /admission/enrollment.	e above are true a	and correct. I understand th	at falsification automatically	voids this	
_ SI	SIGNATURE DATE				DATE		
Si	gnature	of Parent or Guardian (If A	pplicant is under	21 years of age)	DATE		
Na	ame of A	pplicant		Telephone Number (	)		
Н	ome Add	ess					
Ci	ty		_State	Zip Co	ode		

(Incomplete Applications will not be accepted)

Age\_\_\_\_\_\_Marital Status\_\_\_\_\_\_Date of Birth \_\_\_\_\_

### (Please Print)

# MURRAY STATE COLLEGE, GUNSMITHING PROGRAM OKLAHOMA AUTHORITY FOR RELEASE OF INFORMATION

Last Name (Maiden)	First Name		Middle Name
Date of Birth	Driver License No.	State	Social Security No.

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, as requested by Murray State College Gunsmithing, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records from any educational institution as well as records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of the information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for admission into the Gunsmithing Program at Murray State College. I understand that all material pertaining to this background investigation becomes the property of Murray State College.

I agree to hold harmless the institution to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.

Name of Applicant		Telephone Number ()			
Home Address					
City	State	Zip Code			
AgeN	larital Status	Date of Birth			
Signature of App	licant	 Date	_		
Subscribed and	sworn to before me this	day of, 20	_		
Notary Public					
My commission (	expires:				