

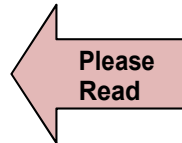
# MURRAY STATE COLLEGE BAT-GUNSMITHING PROGRAM APPLICATION FOR ADMISSION

Please do not write in this space!
Date Received _____
Approved _____ Not Approved _____
<u>Office Use Only</u>

**Fall Enrollment**  
**2025**

**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
9. Research Assignment



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.

**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.msco.edu](http://www.msco.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
  - d. Research Assignment

**If Gunsmithing Program Application is received after May 30, 2025 it will be considered for the following 2026 school year.** Contact Gunsmithing Department Office Assistant, Sandi Hopson: 580-387-7480 or [shopson@msco.edu](mailto:shopson@msco.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 \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**In case of emergency please provide contact information for the person you wish to be notified.**

Name of Contact Person \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EDUCATION**

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What arrangements have you made to meet your financial obligations while you are in school?

\_\_\_\_\_

Tentative Plans after graduation \_\_\_\_\_

\_\_\_\_\_

**(Incomplete Applications will not be accepted)**

(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. 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 distinguished from an indictment presented by a grand jury.	
c. Have you been convicted in any court of a crime punishable by imprisonment?  (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 expungement or rehabilitation statute.	
d. Are you a fugitive from justice?	
e. Are you an unlawful user of, or addicted to marijuana, or a depressant, stimulant, or narcotic drug?	
f. Have you ever been adjudicated in a court by a judge mentally defective or have you ever been committed to a mental institution?	
g. Have you been discharged from the Armed Forces under dishonorable conditions?	
h. Are you an alien illegally in the United States?	
i. Are you a person whom having been a citizen of the United States, has renounced his citizenship?	

I hereby certify that the answers to the above are true and correct. I understand that falsification automatically voids this application/admission/enrollment.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
Signature of Parent or Guardian (If Applicant is under 21 years of age) DATE

Name of Applicant \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(Incomplete Applications will not be accepted)**

(Please Print)

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

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

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 \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_

**(Incomplete Applications will not be accepted)**