



**Arkansas State
UNIVERSITY
MOUNTAIN HOME**

Name of College or Institution: _____

Please send the following documents

- ___ An official copy of my transcript
- ___ Placement scores (ACT, ASSET, SAT or COMPASS)
- ___ Immunization record

to the following institution:

**Arkansas State University Mountain Home
Office of the Registrar/Admission
1600 South College Street
Mountain Home, AR 72653**

This record is needed by the university to complete my enrollment. Please forward the requested documents to the above address as soon as possible in order to meet the application deadline.

Sincerely,

Signature

Date

ATTENTION STUDENT:

Students will be allowed to register for classes only after the submission of proof of high school/college transcripts, placement scores and immunization record.

PLEASE PRINT YOUR INFORMATION BELOW:

Last First MI Maiden

Address

City State Zip

Social Security Number Date of Birth