Date: ___________________________ Student ID #:_________________________ SSN: ________________________

Name: ___________________________ ___________________________ ___________________________

Last First M.I. Maiden/Previous

Address: ___________________________ ___________________________ ___________________________

Street City State Zip County □ New Address?

Phone: ___________________________ ___________________________ ___________________________

Home Work Cell/Other

E-mail: ___________________________ Employer: ___________________________

Are you a □ NEW or □ CONTINUING student at Muskingum University?

Please indicate your preferred site below:

□ Coshocton Coshocton City Schools Board of Education Training Room, 1207 Cambridge Road, Coshocton, OH 43812

□ Gahanna Jefferson Elementary School, 136 Carpenter Rd., Gahanna, OH 43230

□ Olentangy Olentangy Local Schools District Office, 814 Shanahan Rd, Suite #100, Lewis Center, OH, 43035

□ I would like more information about completing my Master’s Degree at Muskingum University

2013 Reading Endorsement Cohort Courses:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 660</td>
<td>Foundations for Reading: Pre-K through 12</td>
<td>3</td>
</tr>
<tr>
<td>EDUC 661</td>
<td>Teaching Reading Pre-K through 12: Environment, Curriculum, Methods and Materials</td>
<td>3</td>
</tr>
<tr>
<td>EDUC 662</td>
<td>Advanced Assessment for Responsive Literacy Instruction</td>
<td>3</td>
</tr>
<tr>
<td>EDUC 663</td>
<td>Becoming a Leader for Literacy</td>
<td>3</td>
</tr>
</tbody>
</table>

2013-2014 Reading Endorsement tuition is $450 per credit hour (Minimum deposit of $100 is due at time of registration unless financial aid is verified)

TOTAL DUE: 450.00 X 12 = $ 5,400 ttl

TOTAL DUE

Please bill my school or agency against the attached (or faxed) purchase order # ______________________ Dated: ______________________

My check for $ ______________________ is enclosed, dated: ______________________ Check # ______________________

Please charge my: □ MasterCard □ Visa □ Discover $ ______________________ Expires (MM/YY) ______________________

Card # ______________________ 3-digit CVV: ______________________

Print cardholder’s name ______________________ Cardholder’s signature ______________________

□ I intend to file or have filed for financial aid/loans.

Signature ______________________ Date ______________