

Fall 2016 Registration Form

Muskingum University • New Concord, Ohio • (P) 740-826-8038 • (F) 740-826-6038 • gcs@muskingum.edu • www.muskingum.edu

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?

Area of Study (You will be considered a Continuing Education student unless you have applied to a degree program)

Master of Arts in Education (MAE)

Licensure Programs:

- Intervention Specialist: Early Childhood
- Intervention Specialist: Mild/Moderate
- Intervention Specialist: Moderate/Intensive
- Intervention Specialist: Gifted & Talented
- Early Childhood
- Principal

Endorsement Programs:

- Early Childhood Generalist
- Early Childhood Development
- Gifted Intervention Specialist
- Middle Childhood Generalist
- Pre-K Special Needs
- Reading
- TESOL
- Teacher-Leader

Non-licensure Programs:

- Adult Education

Master of Arts in Teaching (MAT)

- Early Childhood
- Middle Childhood
- Adolescent/Young Adult
- Intervention Specialist: Mild/Moderate
- Intervention Specialist: Moderate/Intensive

Post-Graduate Programs

- Superintendent's License
- Administrative Specialist License

Muskingum Adult Program (MAP)

- Accounting
- Accounting (public)
- Business
- Business Management
- Child & Family Studies
- Communication
- Community Health & Wellness
- Criminal Justice
- Early Childhood Education
- Health Science
- Healthcare Management
- Human Resources
- Information Systems
- Marketing
- Medical Laboratory Studies
- Occupational Science
- Nursing (RN-to-BSN)
- Special Education
- Sport & Fitness Science

Please list the Fall 2016 courses you wish to take in the spaces below:

Session	Course #	Course Title	Days
1. _____	_____	_____	M T W Th Sat
2. _____	_____	_____	M T W Th Sat
3. _____	_____	_____	M T W Th Sat
4. _____	_____	_____	M T W Th Sat
5. _____	_____	_____	M T W Th Sat
6. _____	_____	_____	M T W Th Sat
7. _____	_____	_____	M T W Th Sat

Students who "self-advise" risk taking courses out of sequence or which may not count as part of their program. To schedule an appointment with an academic advisor, call 740-826-8038.

Fall 2016 tuition is \$510 per credit hour (Minimum deposit of \$100 is due at time of registration unless financial aid is verified)

TOTAL DUE: 510.00 X _____ Semester Hours = \$ _____ **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 _____