Summer 2017 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  ☐ Principal
☐ Intervention Specialist: Mild/Moderate  ☐ Early Childhood
☐ Intervention Specialist: Moderate/Intensive  ☐ Early Childhood Development
☐ Intervention Specialist: Gifted & Talented  ☐ Gifted Intervention Specialist
Endorsement Programs:
☐ Early Childhood Generalist  ☐ Pre-K Special Needs  ☐ TESOL
☐ Early Childhood Development  ☐ Reading  ☐ Middle Childhood Generalist
☐ Gifted Intervention Specialist  ☐ 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  ☐ Child & Family Studies  ☐ Criminal Justice  ☐ Healthcare Management  ☐ Marketing
☐ Accounting (public)  ☐ Communication  ☐ Early Childhood Education  ☐ Human Resources  ☐ Medical Laboratory Studies
☐ Business  ☐ Community Health & Wellness  ☐ Health Science  ☐ Information Systems  ☐ Occupational Science
☐ Business Management  ☐ Community Health & Wellness  ☐ Health Science  ☐ Information Systems  ☐ Occupational Science
☐ Business Management

Please list the Summer 2017 courses you wish to take in the spaces below:

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<th>Session</th>
<th>Course #</th>
<th>Course Title</th>
<th>Days</th>
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Students who “self-advised” 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.

Summer 2017 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  ____________________