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

- Endorsement Programs:
  - Early Childhood Generalist  Reading
  - Early Childhood Development  TAG
  - Middle Childhood Generalist  TESOL
  - Pre-K Special Needs  Teacher-Leader

- Non-licensure Programs:
  - Adult Education
  - Art Education
  - Best Practices
  - Music 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 Administration  Business
- Business Education  Health Studies
- Child & Family Studies  Communication
- Healthcare Management
- Human Resources  Information Systems
- Intervention Specialist  Marketing
- Nursing (RN-to-BSN)

**Please list the Summer 2012 courses you wish to take in the spaces below:**

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<thead>
<tr>
<th>Session</th>
<th>Course #</th>
<th>Course Title</th>
<th>Days</th>
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</tbody>
</table>

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.

**Summer 2012 tuition is $410 per credit hour** (Minimum deposit of $100 is due at time of registration unless financial aid is verified)

TOTAL DUE: 410.00 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 #: ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________

Print cardholder’s name __________________ Cardholder’s signature __________________

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

Signature __________________ Date __________________