Application Instructions

THE PROCESS IN GENERAL
Admission to Muskingum University is made on a rolling basis. The Admission Committee will act on your application as soon as all materials are on file and will notify you of its decision within a few weeks. First-year applicants may apply after completion of the junior year in high school. Any student attending a post-secondary institution after high school graduation must apply as a transfer student.

NO APPLICATION FEE
In an effort to provide increased opportunity for admission and scholarship/financial aid consideration and to eliminate potential obstacles to the application process, Muskingum University does not charge an application fee.

STEPS TO FOLLOW
1. Complete and sign the application, or apply online at www.muskingum.edu/admission/
2. Arrange to have your ACT or SAT results sent to the Office of Admission. Muskingum’s codes are: ACT: 3300; SAT: 1496.
3. Ask your high school counselor to complete the Secondary School Report Form, including your courses in progress. This form and an official high school transcript should be sent to the Office of Admission.
4. In addition, we strongly encourage you to submit:
   - A personal reference – comments from those who know you and your potential for success are useful to the Admission/Scholarship Committees.
   - A personal statement – demonstrate your ability to organize your thoughts and express yourself.
   - A recent photograph
5. Visit the campus. Arrangements for an interview, campus tour and meetings with faculty and students can be made by contacting the Office of Admission. Although a visit is optional, it is time well spent and highly recommended.

TRANSFER STUDENTS
In addition to the previous application steps, transfer students must submit official transcripts from each college or university attended. An evaluation of transfer credits is completed after the admission decision. For additional information regarding transferring to Muskingum, please call the Office of Admission.

STUDENTS WITH DISABILITIES
Applicants with disabilities as identified by the Americans with Disabilities Act (ADA) who are requesting auxiliary aids, services, and/or reasonable and appropriate accommodations are encouraged to identify their needs to the University ADA compliance office at 740-826-8280. A request should include a written diagnostic statement from a licensed professional which verifies the disability and is based on an appropriate evaluation completed within the past three years. The request should detail the necessary auxiliary aids, accommodations and services in reference to the diagnostic statement.

Muskingum University assumes the responsibility for making available to all legally qualified students with disabilities the reasonable and appropriate accommodations and auxiliary aids and services necessary for their unrestricted access to the learning environment and to demonstrate their academic achievement. Such reasonable accommodations are made at no expense to students with disabilities.

PLUS PROGRAM PARTICIPANTS
Muskingum University offers the PLUS Program for students with identified learning differences. Applicants with specific learning disabilities or ADHD who wish to apply for the PLUS Program should mark the designated box on the Application for Admission. Specific instructions for applying to the PLUS Program are available at www.muskingum.edu/plusapply.html.

SOURCES OF CONSUMER INFORMATION
Consumer information is available to current and prospective students in print (University Catalog, Graduate and Continuing Studies Catalog, The Student Handbook) and on the Muskingum University website (www.muskingum.edu). Information is available by request pertaining to undergraduate and graduate programs of study; accreditations; and costs, fees and refund policies. Information pertaining to the “Student Right to Know Act” (graduation/completion rates) and test results for Teacher Education students is available on the Muskingum website or in hard copy from the Registrar or Office of Admission. Muskingum University annually issues a report which provides statistics for the previous three years concerning reported crimes which have occurred on-campus (or off-campus as required), and includes policies related to campus security. This report is available at http://ope.ed.gov/security/ or in hard copy upon request.

QUESTIONS?
For more information, contact: Muskingum University Office of Admission 163 Stormont Street New Concord, Ohio 43762 Telephone 740-826-8137 or 800-752-6082

IMPORTANT DATES
September 1 – December 31, Senior Year: complete applications for admission. Secure high school transcripts and other requested information. Take the ACT or SAT. Attend on-campus programs. Apply for scholarships.

January 1 – March, Senior Year: in January, obtain federal financial aid forms from your high school counselor. Complete and submit FAFSA by March 1.

May 1, Tuition deposit due (deposits postmarked after May 1 are non-refundable).
APPLICATION FOR ADMISSION

Mr./Mrs./Miss/Ms. ____________________________ Last Name ____________________________ First Name ____________________________ Middle/Maiden ____________________________ Nickname ____________________________


Area Code/City Phone: ____________________________ Parent/Cell: ____________________________ Home Phone: ____________________________

Student Email: ____________________________ Social Security Number: ____________________________ Birthday: ____________________________

Have you ever been convicted of a felony? □ Yes □ No Are you a U.S. Citizen? □ Yes □ No Visa Status ____________________________

□ Single □ Married □ Divorced □ Separated

Marital Status: ____________________________ Religious Preference: ____________________________

Ethnicity/Race: Please only list if you are 75% or more of any race or ethnicity

□ Hispanic □ Non-Hispanic

Ethnicity: ____________________________ Race: ____________________________

Check one box only in each of the Ethnicity and Race sections.

YOUR FAMILY

Information for: ____________________________ Information for: ____________________________

Last: ____________________________ First: ____________________________ M.I.: ____________________________

Address (if different than yours): ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Email: ____________________________

Employer: ____________________________ Position/Title: ____________________________

College: ____________________________ Degree(s): ____________________________

If you don’t live with both parents, with whom do you make your permanent home?

Parent situation(s): ____________________________

Ages of brothers: ____________________________ Ages of Sisters: ____________________________

Family members who have attended Muskingum: ____________________________ Relationship: ____________________________

ENROLLMENT INFORMATION

□ Freshman □ Transfer □ Full Time □ Part Time

Will Enroll as: □ Fall □ Spring

Start Term: ____________________________ Academic Interest(s): ____________________________

□ On Campus □ Off Campus □ Yes □ Commuter □ No

Housing Status: ____________________________ Do you intend to apply for financial aid? ____________________________

Month/Year: ____________________________

Please check if you are applying for the PLUS Program for students with learning disabilities.

When did you or will you take the ACT/SAT?

Month/Year: ____________________________

How did you become interested in Muskingum University?

If so, when: ____________________________

Have you visited the campus? □ Yes □ No

Please list other colleges/universities to which you’re applying:
HIGH SCHOOLS & INSTITUTIONS YOU'VE ATTENDED

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Code</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Graduation Year</th>
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High School Counselor: 
Phone: 

☐ I authorize my high school counselor to release my academic records to Muskingum University to complete my application.

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<thead>
<tr>
<th>Name of College/University</th>
<th>Code</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Start-End Date</th>
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EXTRACURRICULAR ACTIVITIES
Check years you participated. Indicate positions of leadership you held or any special recognition you’ve earned.

Organizations

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<tr>
<th>Organizations</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Type of Involvement/Position/Special Recognition</th>
<th>Plan to participate in college?</th>
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<tbody>
<tr>
<td>Honor Society</td>
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<td>Choir</td>
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<td>Class Officer</td>
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<td>Student Council</td>
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<td>Band/Orchestra</td>
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<td>Newspaper/Yearbook</td>
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<td>Theater</td>
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<td>Debate</td>
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<td>Other</td>
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Athletics

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<tr>
<th>Sport</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Varsity Letters</th>
<th>Captain</th>
<th>Position/Special Recognition</th>
<th>Plan to participate in college?</th>
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Community Service & Leadership

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<tr>
<th>Service/Leadership Roles</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>E.g., church activities, social work, volunteerism, Eagle Scout, Youth Leader, FCA. Include honors, awards, positions held.</th>
<th>Plan to participate in college?</th>
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Work Experience

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<th>Type of Work</th>
<th>Employer</th>
<th>Hours/Wk</th>
<th>Dates (From-To)</th>
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PERSONAL STATEMENT AND SIGNATURE

We strongly encourage you to submit a Personal Statement and send it to the Office of Admission.

I certify that the statements made in this application and all related forms are correct and complete. I understand that withholding information or giving false information may make me ineligible for admission or may later subject me to dismissal. I also understand the University reserves the right to withdraw an offer of admission if additional information subsequently comes to its attention which, if known at the time the offer was extended, might have changed the acceptance decision.

Your Signature (Required) 
Date: 
Parent or Legal Guardian if under 18 years of age: 
SECONDARY SCHOOL REPORT FORM

APPLICANT INFORMATION

Mr./Ms./Mx./Mrs.  Last Name  First Name  Middle  
Address  City  State  Zip  

SCHOOL INFORMATION

School Name  ACT/College Board School Code  Guidance Counselor Name  Guidance Counselor Phone Number  Guidance Counselor Email Address  
School Street Address  City  State  Zip Code  

☐ Public School  ☐ Non-Public School  Accredited by:  ☐ State  ☐ Regional Crediting Assn.  

Any information below that is listed on the transcript does not need to be filled out.

STUDENT ACADEMIC INFORMATION

Please indicate which curriculum the student has completed:  ☐ College Prep/Rigorous  ☐ College Prep/General  ☐ General  ☐ Modified 
Unweighted GPA:  ____  Student Ranks:  ____  in a class of  ____  after  ____  semesters.  
*Please indicate if GPA listed above or on transcript is weighted.

TEST RESULTS

Please enclose recent psychological tests with subscores for students applying to the PLUS Program.

For Ohio Counselors Only: This student is exempt from passing or has passed all sections of the Ohio Graduation Test and is eligible to receive a high school diploma.  ☐ Yes  ☐ No  

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<thead>
<tr>
<th>ACT</th>
<th>ENGLISH</th>
<th>MATH</th>
<th>READING</th>
<th>SC REASONING</th>
<th>COMP</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>ENGLISH</td>
<td>MATH</td>
<td>READING</td>
<td>SC REASONING</td>
<td>COMP</td>
<td>DATE</td>
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<tr>
<td>SAT</td>
<td>VERBAL</td>
<td>MATH</td>
<td>WRITING</td>
<td>DATE</td>
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COURSES IN PROGRESS – Senior year courses must be listed here or found on transcript for application to be reviewed.

SEVENTH SEMESTER:  

EIGHTH SEMESTER:  

COMPLETION DATE  

RECOMMENDATION

We would greatly appreciate any other pertinent information you may be able to provide regarding the applicant. Please include any such remarks on the back of this form or as an attachment.

Would you recommend this student for admission to Muskingum University?  ☐ Yes  ☐ No  ☐ With Reservations  
☐ School policy precludes making a recommendation

SIGNATURE

NAME  TITLE  DATE