Date: ____________________  Student ID #: ____________________  SSN: ____________________

Name: ____________________  ____________________  ____________________  ____________________

Name: ____________________  ____________________  ____________________  ____________________

Address: ____________________________________________________________

Phone: ___________________________________  ___________________________________

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: Moderate/Intensive
- ☐ Intervention Specialist: Gifted & Talented

Endorsement Programs:
- ☐ Early Childhood Generalist
- ☐ Early Childhood Development
- ☐ Gifted Intervention Specialist
- ☐ Middle Childhood Generalist

Non-licensure Programs:
- ☐ Pre-K Special Needs
- ☐ Reading
- ☐ TESOL
- ☐ Teacher-Leader

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
- ☐ Intervention Specialist: Mild/Moderate
- ☐ Intervention Specialist: Moderate/Intensive
- ☐ Intervention Specialist: Gifted & Talented
- ☐ Intervention Specialist: Early Childhood
- ☐ Leadership
- ☐ Leadership Development
- ☐ Pre-K Special Needs
- ☐ Principal
- ☐ Reading
- ☐ Reading Specialist
- ☐ Reading Specialist (K-3)
- ☐ Gifted Intervention Specialist
- ☐ Gifted & Talented
- ☐ Intervention Specialist: Early Childhood
- ☐ Intervention Specialist: Early Childhood Development
- ☐ Middle Childhood Generalist
- ☐ Teacher-Leader
- ☐ Gifted Intervention Specialist
- ☐ Gifted Education
- ☐ Gifted Education Specialist
- ☐ Reading Specialist
- ☐ Special Education Specialist
- ☐ TESOL
- ☐ Gifted Intervention Specialist
- ☐ Gifted Education
- ☐ Gifted Education Specialist
- ☐ Reading Specialist
- ☐ Special Education Specialist
- ☐ TESOL

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

<table>
<thead>
<tr>
<th>Session</th>
<th>Course #</th>
<th>Course Title</th>
<th>Days</th>
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<tbody>
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<td>7.</td>
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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.

Spring 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 __________