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 College?

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)
  - Early Childhood
  - ECH
  - Principal
  - Art Education
  - Teacher-Leader
  - Adult Education
  - Music Education
  - TESOL

- Master of Arts in Teaching (MAT)
  - Early Childhood
  - ECH
  - Intervention Specialist: Mild/Moderate
  - Adolescent/Young Adult
  - Intervention Specialist: Mild/Moderate
  - Intervention Specialist: Moderate/Intensive

- Muskingum Adult Program (MAP)
  - Accounting
  - Accounting (public)
  - Business
  - Criminal Justice
  - Early Childhood
  - Intervention Specialist: Mild/Moderate

Please list the Spring 2009 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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students who "self-advising" 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 2009 tuition is $350 per credit hour (Minimum deposit of $100 is due at time of registration unless financial aid is verified)

TOTAL DUE: $350.00 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: ____________________________

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 ____________________________