

# Summer Sessions 2024 Registration Form

Muskingum University • New Concord, Ohio • (P) 740-826-8038 • (F) 740-826-6038 • summersessions@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?

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

Session	Course #	Course Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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 Sessions 2024 tuition is \$495 per credit hour**

TOTAL DUE: 495.00 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 \_\_\_\_\_