## Fall 2023 Registration Form Muskingum University • New Concord, Ohio • (P) 740-826-8038 • (F) 740-826-6038 • graduate@muskingum.edu • www.muskingum.edu

Date:	Student ID #:		SSN:	
Name:	First	M	Maide	n /Draviava
Address: Street		M.I.		n/Previous
	City	State	Zip County New A	Address?
Phone:				
E-mail:	CONTINUUNC			
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: Intervention Specialist: Intervention Specialist: Primary Education Principal  Master of Arts in Teaching (MAT) Primary Education Middle Child	Endorsement Prog Endorsement Prog Primary Education Early Chil Mild/Moderate Early Chil Moderate/Intensive Gifted (K-	grams: dhood Generalist Pr dhood Development Re -12) TE hildhood Generalist Te	Non-licensure e-K Special Needs Ac eading Ap SSOL acher-Leader	ult Education plied Leadership
Post-Graduate Programs Superintendent's License Administrative Specialist License Master of Occupational Therapy (MOT)				
Master of Business Information Systems (MBIS)  Master of Applied Leadership (MALP)  Doctor of Applied Leadership (DALP)				
Business Business Management	Child & Family Studies Communication Studies Community Health & Wellness Criminal Justice	Primary Education Health Science Human Resources Healthcare Management	Marketing Speci	ng (RN- BSN) al Education & Fitness Science
Session	Course #		Course Title	
tudents who "self-advise" risk taking courses	out of sequence or which may not count as p	art of their program. To schedule an appointm	ent with an academic advisor, call 740-826-8038	
•		7.1 ( 7.1	<b>95</b> (MBIS), <b>\$910</b> (MOT) <b>, \$745</b> (DALP)	
OTAL DUE: \$495 / \$585 / \$585 / \$699	5 / \$910 / \$745 <b>X</b>	Semester Hours = \$		
lease bill my school or agency against the attached (or faxed) purchase order # Dated:				
		Check #	-	
	Visa Discover		Expires (MM/YY)	
ard #		<u></u>	3 Digit CVV:-	
rint cardholder's name		Cardholder's signat	ture	
I intend to file or have filed for financial aid/loans.				

Signature Date