

Fall 2020 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: _____
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?

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: Mild/Moderate Principal
- Intervention Specialist: Moderate/Intensive

Endorsement Programs:

- Early Childhood Generalist Pre-K Special Needs
- Early Childhood Development Reading
- Gifted (K-12) TESOL
- Middle Childhood Generalist Teacher-Leader

Non-licensure Programs:

- Adult Education

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 Child & Family Studies Criminal Justice Healthcare Management Marketing Nursing (RN-to-BSN)
- Accounting (public) Communication Early Childhood Education Human Resources Medical Laboratory Studies Special Education
- Business Community Health & Wellness Health Science Information Systems Occupational Science Sport & Fitness Science
- Business Management

Master of Information Systems, Strategy & Technology (MISST)

Master of Occupational Therapy (MOT)

Please list the Fall 2020 courses you wish to take in the spaces below:

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

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.

Fall 2020 tuition: \$540 (UG/MAP courses), \$570 (Graduate Teacher Educ. courses), \$795 (MISST courses), \$895 (MOT courses) per credit hour

TOTAL DUE: \$540.00 / \$570.00 / \$795.00 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 _____