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

Endorsement Programs:
- Early Childhood
- Pre-K Special Needs
- Principal

Non-licensure Programs:
- Early Childhood Generalist
- Literacy Specialist
- Middle Childhood Generalist
- TAG

Master of Arts in Teaching (MAT)

- Early Childhood
- Middle Childhood
- Adolescent/Young Adult

Post-Graduate Programs

- Superintendent’s License
- Administrative Specialist License

Muskingum Adult Program (MAP)

- Accounting
- Accounting (public)
- Allied Health Studies
- Business
- Child & Family Studies
- Christian Education
- Communication
- Criminal Justice
- Early Childhood Education
- Information Systems
- Nursing (RN-to-BSN)
- Special Education

Please list the Spring 2011 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>M T W Th Sat</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>M T W Th Sat</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>M T W Th Sat</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>M T W Th Sat</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>M T W Th Sat</td>
</tr>
</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 2011 tuition is $390 per credit hour (Minimum deposit of $100 is due at time of registration unless financial aid is verified)

TOTAL DUE: $390.00 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 # __________  ____________________  ____________________  ____________________  ____________________  ____________________

Print cardholder’s name ____________________  Cardholder’s signature ____________________

□ I intend to file or have filed for financial aid/loans.

Signature ____________________  Date ____________________