Application Instructions

THE PROCESS IN GENERAL

Admission to Muskingum University is made on a rolling basis. The Admission Committee will act on your application as soon as all materials are on file and will notify you of its decision within a few weeks. First-year applicants may apply after completion of the junior year in high school. Any student attending a post-secondary institution after high school graduation must apply as a transfer student.

NO APPLICATION FEE

In an effort to provide increased opportunity for admission and scholarship/financial aid consideration and to eliminate potential obstacles to the application process, Muskingum University does not charge an application fee.

STEPS TO FOLLOW

1. Complete and sign the application. If you prefer, you can apply online at www.muskingum.edu.
2. Arrange to have your ACT or SAT results sent to the Office of Admission. Muskingum’s codes are: ACT: 3300; SAT: 1496.
3. Ask your high school counselor to complete the Secondary School Report Form, including your courses in progress. This form and an official high school transcript should be sent to the Office of Admission.
4. In addition, we strongly encourage you to submit:
   - A Personal Reference – Comments from those who know you and your potential for success are useful to the Admission/Scholarship Committees.
   - A Personal Statement – Demonstrate your ability to organize your thoughts and express yourself.
   - A Recent Photograph
5. Visit the campus. Arrangements for an interview, campus tour and meetings with faculty and students can be made by contacting the Office of Admission. Although a visit is optional, it is time well spent and highly recommended.

TRANSFER STUDENTS

In addition to the above information, transfer students must submit official transcripts from each college or university attended. An evaluation of transfer credits is completed after the admission decision. For additional information regarding transferring to Muskingum, please call the Office of Admission.

STUDENTS WITH DISABILITIES

Applicants with disabilities as identified by the Americans with Disabilities Act (ADA) who are requesting auxiliary aids, services, and/or reasonable and appropriate accommodations are encouraged to identify their needs to the University ADA compliance office at 740-826-8280. A request should include a written diagnostic statement from a licensed professional which verifies the disability and is based on an appropriate evaluation completed within the past three years. The request should detail the necessary auxiliary aids, accommodations and services in reference to the diagnostic statement.

Muskingum University assumes the responsibility for making available to all legally qualified students with disabilities the reasonable and appropriate accommodations and auxiliary aids and services necessary for their unrestricted access to the learning environment and to demonstrate their academic achievement. Such reasonable accommodations are made at no expense to students with disabilities.

PLUS PROGRAM APPLICANTS

Muskingum University offers the PLUS Program for students with handicapping learning conditions, either physical (hearing, visual impairments) or other recognized learning disabilities. Applicants with specific learning disabilities, AD/HD or other disabilities who wish to apply for the PLUS Program should mark the special box on the Application for Admission. Psychological evaluations are required to complete your application for admission.

SOURCES OF CONSUMER INFORMATION

Consumer information is available to current and prospective students in print (University Catalog, Graduate and Continuing Studies Catalog, The Student Handbook) and on the Muskingum University website (www.muskingum.edu). Information is available by request pertaining to undergraduate and graduate programs of study; accreditations; and costs, fees and refund policies. Information pertaining to the “Student Right to Know Act” (graduation/completion rates) and PRAXIS results for Teacher Education students is available on the Muskingum website or in hard copy from the Registrar or Office of Admission. Muskingum University annually issues a report which provides statistics for the previous three years concerning reported crimes which have occurred on-campus (or off-campus as required), and includes policies related to campus security. This report is available at http://ope.ed.gov/security/ or in hard copy upon request.

QUESTIONS?

For more information, contact:
Muskingum University
Office of Admission
163 Stormont Street
New Concord, OH 43762
Telephone: 740-826-8137 or 800-752-6082

IMPORTANT DATES

September 1 – December 31, Senior Year
Complete applications for admission. Secure high school transcripts and other requested information. Take the ACT or SAT. Attend on-campus programs. Apply for scholarships.

January 1 – March 15, Senior Year
In January, obtain federal financial aid forms from your high school counselor. Complete and submit by March 15.

May 1
Tuition deposit due (deposits postmarked after May 1 are non-refundable).
AB OUT YOU

Mr./Ms./Miss/Mrs. Last Name First Middle/Maiden Preferred Name

Home Address, Number & Street City County (in state of residence)

State Zip Code Area Code & Phone No. Cell Phone No. E-Mail Address

Mailing Address, Number & Street City State Zip Code

IM Screen Name Social Security Number Birthdate (m/d/yr) Are you a U.S. Citizen? If no, please list visa status

The following items are optional.

Marital Status: Single Married Divorced Separated

Religious Preference

How would you describe yourself? (Please check all that apply; if multi-racial, provide percentage for each category checked.)

Ethnicity Race

Hispanic/Latino American/Alaskan Native ______ % Hawaiian/Pacific Islander ______ %

Non-Hispanic/Latino Black or African American ______ % White ______ %

Asian ______ %

YOUR FAMILY

Information for: Father Male Guardian Spouse

Last Name First Middle

Home Address, if Different from Yours

Employer Position/Title

College or University Degrees(s)

Information for: Mother Female Guardian Spouse

Last Name First Middle

Home Address, if Different from Yours

Employer Position/Title

College or University Degrees(s)

If you do not live with both parents, with whom do you make your permanent home? ____________________________

Please check any that apply: Father deceased Mother deceased Parents separated Parents divorced

Parent E-Mail: ____________________________ Ages of brothers: ____________ Ages of sisters: ____________

Names and relationships of relatives who have attended Muskingum: ____________________________

ENROLLMENT INFORMATION

Will enroll as: Freshman Transfer Full-Time Part-Time Academic Interest: ____________________________

Please check if you are applying for the PLUS program for students with disabilities (see Application Instructions).

Proposed entrance date: Fall Spring Year: ________ Residence: On-Campus Commuter (with parents) Off-Campus

When did you or will you take the ACT or SAT? ACT Month/Year: ________ SAT Month/Year: ________

Do you intend to apply for financial aid? Scholarship/Merit Aid: Yes No Need-Based Aid: Yes No

How did you become interested in Muskingum University? ____________________________

Have you visited the campus? If so, when: ____________________________

Please list other colleges or universities to which you are applying: ____________________________
**HIGH SCHOOLS & INSTITUTIONS YOU’VE ATTENDED**

Please list the high school attended followed by any colleges/university attended.

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>City/State/Zip Code</th>
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<tr>
<td>Name of High School Counselor</td>
<td>Counselor’s Telephone</td>
<td>Graduation Date</td>
</tr>
<tr>
<td>Name of College/University</td>
<td>City/State/Zip Code</td>
<td>Date (From-To)</td>
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☐ I authorize my high school counselor to release my academic records to Muskingum University to complete my application.

**EXTRACURRICULAR ACTIVITIES**

Check years you participated. Indicate positions of leadership you held and any special recognition you earned.

<table>
<thead>
<tr>
<th>Organizations</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Type of Involvement, Position, Office, or Special Recognition</th>
<th>Plan to Participate in College?</th>
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<tr>
<td>Honor Society</td>
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<td>Chair or Glee Club</td>
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<td>Class Officer</td>
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<td>Student Council</td>
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<td>Band or Orchestra</td>
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<td>School Newspaper</td>
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<td>Yearbook</td>
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<td>Other</td>
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<tr>
<td>Athletics (please list sports)</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>Number of Varsity Letters, Varsity Captain, Position, Event, or Special Recognition</td>
<td>Plan to Participate in College?</td>
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Student athletes only: Please indicate your height: ___ and weight: ___.

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<tr>
<th>Community Service &amp; Leadership</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>E.g., church activities, social work, volunteerism, Eagle Scouts, Youth Leader, FCA. Include honors, awards, positions held, etc.</th>
<th>Plan to Participate in College?</th>
</tr>
</thead>
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**WORK EXPERIENCE**

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Employer</th>
<th>Hours/Week</th>
<th>Dates (From-To)</th>
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**PERSONAL STATEMENT & SIGNATURE**

We strongly encourage you to submit a Personal Statement (see Application Instructions).

I certify that the statements made in this Application and all related forms are correct and complete. I also understand that withholding information or giving false information may make me ineligible for admission or may later subject me to dismissal.

YOUR SIGNATURE (REQUIRED)  DATE  PARENT OR LEGAL GUARDIAN if Applicant is Under 18 Yrs. of Age

Muskingum University admits students of any race, color, handicap or physical challenge, gender, religion, age, orientation, socio-economic status or political affiliation, and national or ethnic origin.
# Applicant Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

# School Information

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<tr>
<th>School Name</th>
<th>ACT/College Board School Code Number</th>
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<thead>
<tr>
<th>Guidance Counselor</th>
<th>Guidance Office Area Code &amp; Phone Number</th>
<th>Guidance Counselor E-mail Address</th>
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<table>
<thead>
<tr>
<th>School Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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</table>

- [ ] Public School
- [ ] Non-Public School
- Accredited by: [ ] State  [ ] Regional Accrediting Assn.

# Student Academic Information

Grade point average: __________ Scale: ________ Student ranks ________ in a class of ________ after attending ________ semesters.

Unweighted GPA __________ Class Rank is: [ ] Exact [ ] Approximate [ ] School does not rank Year of Graduation __________

If rank is weighted or does not include all students, please explain or attach further details.

# Test Results

Please enclose recent psychological tests with subscores for students applying to the PLUS Program.

For Ohio Counselors Only: This student is exempt from passing or has passed all sections of the Ohio Graduation Test and is eligible to receive a high school diploma. [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>ACT</th>
<th>English:</th>
<th>Math:</th>
<th>Reading:</th>
<th>SC Reasoning:</th>
<th>Comp:</th>
<th>Date:</th>
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<td>Date:</td>
</tr>
<tr>
<td>SAT</td>
<td>Total:</td>
<td>Verbal:</td>
<td>Math:</td>
<td>Writing:</td>
<td>Date:</td>
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# Courses in Progress

Seventh Semester:

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<th>Completion Date</th>
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Eighth Semester:

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<th>Completion Date</th>
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# Recommendation

We would greatly appreciate any other pertinent information you may be able to provide regarding the applicant. Please include any such remarks on the back of this form or as an attachment.

Do you recommend this student for admission to Muskingum University? [ ] Yes  [ ] No  [ ] With reservations

[ ] School policy precludes making a recommendation

# Signature

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>TITLE</th>
<th>DATE</th>
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</table>
GUIDANCE COUNSELOR REMARKS

Please include any information that you believe would be helpful in considering this student for admission.
Please include any information that you believe would be helpful in considering this student for admission.

### High Schools & Institutions You’ve Attended

Please list the high school attended followed by any colleges/universities attended.

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I authorize my high school counselor to release my academic records to Muskingum University to complete my application.

### Extracurricular Activities

Check here if you participated in any extracurricular activities, leadership positions, or received any special recognition. Include positions of leadership you held and any special recognition you earned.

<table>
<thead>
<tr>
<th>Type of Involvement</th>
<th>Position</th>
<th>Plan to Participate</th>
<th>Year of Involvement</th>
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<td>Organizations</td>
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<td>Student Council, Band, Orchestra, Choir, Debate, etc.</td>
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<table>
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<tr>
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<th>Address</th>
<th>Telephone</th>
<th>Email</th>
<th>Date of Birth</th>
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<tr>
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APPLICATION INSTRUCTIONS

Application Instructions

OFFICE OF ADMISSION • 163 STORMONT STREET • NEW CONCORD, OH 43762 • TELEPHONE: 740-826-8100 • FAX: 740-826-8101 • E-MAIL: ADMINFO@MU SKINGUM.EDU • WWW.MUSKINGUM.EDU

Please complete all sections and send to the Office of Admission. No application fee is required. Please type or print.

STEP 3

Application Instructions

STEPS TO FOLLOW

1. Complete and sign the application. If you prefer, you can apply online www.muskingum.edu

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4. Complete the personal statement.
   • A Personal Reference - Comments from those who know you best and who are familiar with your potential for success are useful to the Admission/ Scholarship Committees.
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APPLICANT INFORMATION

Marital Status: Single Married Divorced Separated

How would you describe yourself? (Please check all that apply)
- Male/female, preferred name
- Gender identity

Religious Preference

YOUR FAMILY

Information for Father: Mole Guardian Spouse Information for Mother: Female Guardian

Home Address, Number & Street City State Zip Code

Regarding Parents

- Last Name First Middle
- Home Address, Number & Street City State Zip Code
- Mailing Address, Number & Street City State Zip Code

Other College(s) or University(s) to which you are applying

Please list any other colleges or universities to which you are applying

APPLICATION INFORMATION

TO EXIT Scheme Name

APPLICATION INFORMATION

TO EXIT Scheme Name

APPLICATION INFORMATION

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APPLICATION INSTRUCTIONS

RETURN TO TOOLS

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Application for Admission