

Spring 2024 Registration Form

Muskingum University • New Concord, Ohio • (P) 740-826-8038 • 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: _____

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
- Primary Education
- Principal

Endorsement Programs:

- Early Childhood Generalist
- Early Childhood Development
- Gifted (K-12)
- Middle Childhood Generalist

- Pre-K Special Needs
- Reading
- TESOL
- Teacher-Leader

Non-licensure Programs:

- Adult Education
- Applied Leadership

Master of Arts in Teaching (MAT)

- Primary Education
- Middle Childhood
- Adolescent/Young Adult
- Intervention Specialist: Mild/Moderate
- Intervention Specialist: Moderate/Intensive

Post-Graduate Programs

- Superintendent's License
- Administrative Specialist License

Master of Occupational Therapy (MOT)

Master of Business Information Systems (MBIS)

Master of Applied Leadership (MAL)

Doctor of Applied Leadership (DAL)

Muskingum Adult Program (MAP)

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

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

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

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 2024 tuition per credit: \$495 (UG/MAP), \$585 (Graduate Teacher Educ.), \$585 (MAL), \$695 (MBIS), \$905 (MOT), \$745 (DAL)

TOTAL DUE: \$495 / \$585 / \$585 / \$695 / \$905 / \$795 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