



7750 Montpelier Rd.  
Laurel, MD 20723  
Phone: 410-888-9048  
[Admissions@muih.edu](mailto:Admissions@muih.edu)

## Non-Degree: Individual Course Registration Form

### Student Information

Student Name (please print) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Term \_\_\_\_\_

See <http://www.muih.edu/academics/individual-academic-courses> for course offerings, instructors, and tuition/fee information. Registration will occur during applicable course registration periods, and on a space-available basis. Additionally, please ensure you have met any prerequisite requirements associated with your requested course(s). Applicants who do not meet prerequisite requirements will not be registered.

**AOM719: NCCAOM Prep Course Registrants:** If you are a returning alumni of MUIH’s Acupuncture and Herbal Medicine program you may register for this course once, free of any charge. Please indicate the Course Code, Name, Section, and Credits down below. Under Cost and Total Cost, please indicate “Alumni.” You will not be charged the Technology Fee for this registration, unless you are taking an additional course.

### Course Selections for Enrollment

Course Code and Name	Section	Credits	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mandatory University Fee			\$250.00
		Total Cost:	_____

In submitting this form, I accept and agree to abide by Maryland University of Integrative Health’s student policies and regulations, including the Student Refund Policy (available at <https://muih.edu/academics/office-of-the-registrar/student-policies/> ). I understand that I am financially responsible for payment in full for the course(s), and agree to pay the total amount of tuition and other charges set forth. Payment is due immediately upon registration. Once registration has been confirmed, I will be responsible for contacting the Finance Office at (410) 888-9048 ext. 6684 or [studentaccounts@muih.edu](mailto:studentaccounts@muih.edu) to receive payment instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_