



College Credit Enrollment Form



230-04-0333
SOCIAL SECURITY NUMBER

BIRTHDATE: 06 26 1975
MONTH DAY YEAR

DAY
LAST NAME

BRIAN
FIRST NAME

B.
M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

42572 RYNGENFELASHBURN VA 20140 LOUDOUN
STREET ADDRESS CITY STATE ZIP CODE COUNTY

(703) 973 1132
HOME PHONE

WORK PHONE

CELL PHONE

bbday@me.com
PERSONAL EMAIL ADDRESS

brian.day@lcp.org
WORK EMAIL ADDRESS

FAIRFAX VA USA
BIRTHPLACE: CITY STATE COUNTRY

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic
RACE: (Select one or more.)
☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☒ White

Missouri Resident? ☐ Yes ☒ No If yes, since when?

U.S. Citizen? ☒ Yes ☐ No

Gender: ☒ Male ☐ Female

Course is for ☐ Certification ☐ Degree ☒ Professional Development

Are you currently working toward a master's degree at Northwest? ☐ Yes ☒ No

Are you currently working toward a specialist degree at Northwest? ☐ Yes ☒ No

If you plan to pursue a master's/specialist degree at Northwest, you will need to seek regular admission through the Graduate Office.

Previous Degrees Completed:

☐ Bachelor of Arts OR ☐ Bachelor of Science

Institution Name City State Graduation Date

☐ Master of Arts OR ☐ Master of Science

Institution Name City State Graduation Date

Trimester Applying For: ☐ Fall ☐ Spring

☐ Summer Year

Enrolling in: ☐ Graduate Level Coursework

☐ Undergraduate Level Coursework

CRN	DEPT/COURSE	SECTION	CR HRS	TITLE	INSTRUCTOR
	22-510	80	3	3D Coaching	W. Simmons

I certify that I have not evaded any questions or misrepresented any information on this application. I further authorize Northwest Missouri State University to verify any diplomas or degrees that I have received. I understand that by signing this form I am enrolling in the above course(s) for credit and making an academic and financial commitment to Northwest. I also agree to accept all academic and financial policies set forth by this institution.

STUDENT SIGNATURE

DATE