



# College Credit Enrollment Form



047-80-2166  
SOCIAL SECURITY NUMBER

BIRTHDATE: 06 30 1985  
MONTH DAY YEAR

Combs

David

P

LAST NAME

FIRST NAME

M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

9426 Red Sunset Drive West Des Moines IA 50266 Dallas

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

515 493-6522

( )

515 493-6522

HOME PHONE

WORK PHONE

CELL PHONE

dcombs12@msn.com

PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

Mercy Hospital Coon Rapids MN USA

BIRTHPLACE:

CITY

STATE

COUNTRY

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.

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic  
RACE: (Select one or more.)

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☒ White

Previous Degrees Completed:

☒ Bachelor of Arts OR ☐ Bachelor of Science

Simpson College Indianola Iowa

05/2008

Institution Name

City

State

Graduation Date

☒ Master of Arts OR ☐ Master of Science

Simpson College Indianola Iowa

12/2011

Institution Name

City

State

Graduation Date

Trimester Applying For: ☐ Fall ☒ Spring

☐ Summer Year 2020

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