

485-96-8129  
SOCIAL SECURITY NUMBER

BIRTHDATE: 12 09 1976  
MONTH DAY YEAR

PEARCE  
LAST NAME

KEVIN  
FIRST NAME

M  
M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

275 S. 87th St West Des Moines  
STREET ADDRESS CITY

IA 50266 DALLAS  
STATE ZIP CODE COUNTY

( )  
HOME PHONE

( )  
WORK PHONE

(515) 240-6363  
CELL PHONE

Kevin 50266@gmail.com  
PERSONAL EMAIL ADDRESS

PEARCEK@WDMES.ORG  
WORK EMAIL ADDRESS

Cedar Falls IA 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

10-8-21  
DATE