



College Credit Enrollment Form



515-96-6773
SOCIAL SECURITY NUMBER

BIRTHDATE: 6 27 1988
MONTH DAY YEAR

Webster
LAST NAME

Kurt
FIRST NAME

P
M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

1111 St. Patricks Dr. Chapman
STREET ADDRESS CITY

KS 67431 Dickenson
STATE ZIP CODE COUNTY

(913) 486-9933
HOME PHONE

()
WORK PHONE

()
CELL PHONE

Kwebster@usd473.net
PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

Lenexa KS Johnson
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

William Jewell Liberty Missouri 5/20/2012
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 2018

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

6.30.2018
DATE



College Credit Enrollment Form



513-90-7697
SOCIAL SECURITY NUMBER

BIRTHDATE: 09 26 1985
MONTH DAY YEAR

Webster
LAST NAME

Eileen
FIRST NAME

R.
M.I.

Treff (maiden name)
OTHER LAST NAMES USED

N/A
OTHER FIRST NAMES USED

1111 St. Patrick's Dr. Chapman
STREET ADDRESS CITY

KS.
STATE

67431
ZIP CODE

Dickenson Co.
COUNTY

()
HOME PHONE

(785) 309-5151
WORK PHONE

(913) 568-7610 (Preferred)
CELL PHONE

ertreff@outlook.com
PERSONAL EMAIL ADDRESS

* ewebster@usd473.net (Preferred)
WORK EMAIL ADDRESS

Kansas City, KS.
BIRTHPLACE: CITY STATE

USA
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.

Previous Degrees Completed:

☐ Bachelor of Arts OR ☒ Bachelor of Science

Pittsburg State University, Pittsburg, KS. Winter 2008
Institution Name City State Graduation Date

☐ Master of Arts OR ☒ Master of Science

" " " " Spring 2011
Institution Name City State Graduation Date

Trimester Applying For: ☐ Fall ☐ Spring

☒ Summer Year 2018

Enrolling in: ☒ Graduate Level Coursework

☐ Undergraduate Level Coursework

ETHNICITY: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic
RACE: (Select one or more.)
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input checked="" type="checkbox"/> White

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

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Eileen Webster
STUDENT SIGNATURE

July 1, 2018
DATE