

College Credit Enrollment Form



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SIRTHDATE: MONTH DAY YEAR

SOCIAL SECURITY NUMBER	BIRINDAIE: MONIN DAI IEAN		
Tollefson	Spencer		K
LAST NAME	FIRST NAME		M.I.
OTHER LAST NAMES USED	OTHER FIRST NA	^	
1694 Larpenteur Ave 1	5 St. Paul MN 55109 STATE ZIP COD	Kams	iey
STREET ADDRESS CITY	STATE ZIP COD	E COUNTY	A.
(715) 829-1258 HOME PHONE	, ,	, ,	
HOME PHONE	WORK PHONE	CELL PHONE	
tollefss @gmail.com			
PERSONAL EMAIL ADDRESS	WORK EMAIL ADDRE	ss	
Eau Claire, WI BIRTHPLACE: CITY STATE	USA	ETHNICITY:	lispanic Non-Hispanic
BIRTHPLACE: CITY STATE	COUNTRY	RACE: (Select or	
Missouri Resident? TYes No If yes, sinc	e when?	American India	n/Alaskan Native
U.S. Citizen? ÄYes ☐ No	Gender: Male Female	│	· · · · · · · · · · · · · · · · · · ·
Course is for Certification Degree	☑ Professional Development		n/Pacific Islander
Are you currently working toward a master's de	gree at Northwest? 🗖 Yes 🙉 No	White	
Are you currently working toward a specialist d	egree at Northwest? 🗖 Yes 🔎 No		
If you plan to pursue a master's/specialist d	egree at Northwest, you will need to seek reg	jular admission thr	ough the Graduate Office
Previous Degrees Completed:			
	UW-Eau Clayre Eau Clayre	0 (4)1	May 2014 Graduation Dat
☐ Bachelor of Arts OR ☐ Bachelor of Science	Institution Name City	State	Graduation Dat
☐ Master of Arts OR ☐ Master of Science			
) <u>*</u> (Institution Name City	State	Graduation Da
Trimester Applying For: 🗓 Fall 🚨 Spring	□ Summer Year 2018		
Enrolling in:	Undergraduate Level Coursework		
CRN DEPT/COURSE SECTION	CR HRS TITLE		INSTRUCTOR
22-510 80	3 3D Coaching		W. Simmons

CRN	DEPT/COURSE	SECTION	CR HRS	TITLE	INSTRUCTOR
	22-510	80	3	3D Coaching	W. Simmons
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I certify that I have not evaded any questions or misrepresented any info	rmation on this applicati	On. I turtner authorize Northwest Missour
State University to verify any diplomas or degrees that I have received. I	understand that by signi	ng this form I am enrolling in the above
course(s) for credit and making an academic and financial commitment t	to Northwest. I also agre	e to accept all academic and financial
policies set forth by this institution.		

CTUDENT SIGNATURE

111000201

DATE