

## College Credit Enrollment Form



	INUMBER		BIRTHDATE:	MONTH DAY YEAR	Local	
Turner			J	erry		W.
LAST NAME	Office and the common enterest enterest and the control of the con	***************************************	2004 (CCC) 4000 (CCC) (C	ST NAME	erdarde 100 antituta di Sertificia (in la consessa en com a tirre con els ancientes unas como a com ancientes 196	M.I.
N/A				N/A		
OTHER LAST NAM	ESUSED			OTHER FIRST I	NAMES USED	
957 Red	Oak Circle	e Newp	ort News	Va. 236	808	
STREET ADDRESS		CITY	0000 200	STATE ZIP CO		
	75 0000	(757)	878.038	3 43 314 08-5013		
A	75-2860	***************************************	(+3+- )8!	18-5013-	(757 ) 286-5	992
HOME PHONE			WORK PHONE		CELL PHONE	
	@cox.net			jturner@y	csd.york.va/	
PERSONAL EMAIL	ADDRESS	× /	8 5 4	WORK EMAIL ADD	RESS	
Pulaski		Va.	U.S	<b>&gt;</b> .	ETHNICITY: Hispa	anic Non-Hispanic
BIRTHPLACE:	CITY	STATE	COUN	TRY	RACE: (Select one o	r more.)
Missouri Resider	nt? 🛮 Yes 🔳 No	If yes, since	when?	erak ki ki a karaka merengan ang manggang manggan ang manggan ang manggan ang manggan ang manggan ang manggan a	American Indian/A	laskan Native
U.S. Citizen?	Yes 🔲 No		Gender: M	ale 🔲 Female	Asian	VIA ANTINO DE LA CALLA DE LA C
Course is for	Certification	☐ Degree	Professional	Development	☐ Black/African Ame	
Are you currently	working toward	a master's dec	ree at Northwes	Pacific Islander  Rative Hawaiian/Pacific Islander  White		acific Islander
		~		st? 🛘 Yes 🔳 No	La vviile	33.00 miles
				est, you will need to seek re	egular admission throug	the Graduate Office.
		•				•
Previous Degree	s Completed:		Old Domini	on University Nexte	k \/o	06/45/74
Bachelor of Arts OR Bachelor of Science			Institution Name	on University Norfol		06/15/74 Graduation Date
EGGCOPOLIN.	W575570m		ristitution Name	City	State	Graduation Date
Master of A	rts OR 🔲 Master o	f Science	Institution Name	City	State	
Trimester Applyin	og For: D Fall		PD 6	Year 2018		Graduation Date
	igioi, carraii	☐ Spring	Summer			Graduation Date
Enrolling in:			j			Graduation Date
Enrolling in:	Graduate Level (		j	ate Level Coursework		Graduation Date
			☐ Undergradu		i kadi asa katangan mengapa	Graduation Date
	Graduate Level (	Coursework	Undergradu	ate Level Coursework	a stational address confident	
	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
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	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
	Graduate Level (	Coursework	Undergradu	ate Level Coursework		INSTRUCTOR
CRN	Graduate Level ( DEPT/COURSE 22-510	SECTION 80	CR HRS  3 3D Co	ate Level Coursework  TITLE  paching	ication. I further authorize	INSTRUCTOR W. Simmons
I certify that I hav	Graduate Level ( DEPT/COURSE  22-510  ve not evaded any to verify any diplo	SECTION 80	CR HRS  3 3D Co	ate Level Coursework  TITLE  paching  any Information on this applicived. I understand that by s	igning this form I am enro	INSTRUCTOR W. Simmons  e Northwest Missouri
I certify that I have State University to course(s) for cred	DEPT/COURSE  22-510  ve not evaded any to verify any diplodit and making an by this institution	SECTION  80  questions or	CR HRS  3 3D Co	ate Level Coursework  TITLE  Daching  any information on this appl	igning this form I am enro	INSTRUCTOR W. Simmons  e Northwest Missouri
I certify that I have State University to course(s) for cred	DEPT/COURSE  22-510  /e not evaded any to verify any dit and making any by this institution	SECTION  80  questions or	CR HRS  3 3D Co	ate Level Coursework  TITLE  paching  any Information on this applicived. I understand that by s	igning this form I am enro gree to accept all acaden	INSTRUCTOR W. Simmons  e Northwest Missouri