



# College Credit Enrollment Form



505-04-0907  
SOCIAL SECURITY NUMBER

BIRTHDATE: 04 12 1966  
MONTH DAY YEAR

Hueser

Joel

A

LAST NAME

FIRST NAME

M.I.

OTHER LAST NAMES USED

2140 Creek Side Drive

Papillion

NE

68046

USA

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

402 660-6922

HOME PHONE

402 829-4600

WORK PHONE

402 660-6922

CELL PHONE

jhueser@paplv.org

PERSONAL EMAIL ADDRESS

jhueser@paplv.org

WORK EMAIL ADDRESS

Sutherland Marcus

IA

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.

Previous Degrees Completed:

☒ Bachelor of Arts OR ☐ Bachelor of Science

University of Nebraska-Kearney

Kearney NE

1988

Institution Name

City

State

Graduation Date

☒ Master of Arts OR ☐ Master of Science

University of Nebraska-Kearney

Kearney

NE

1996

Institution Name

City

State

Graduation Date

Trimester Applying For: ☐ Fall ☐ Spring

☒ Summer Year 2017

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

July 24, 2017

DATE