

## COACHING College Credit Enrollment Form



Fleming		Matthew	YEAR		B.
LAST NAME		FIRST NAME	1/4		M.I.
1755 Bent Bow Dr.	Akron	ОН	OTHER FIRST NAM 44313	Summit	
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	
330 356 1078		1		(	
номе рноме mfleming1219@gmail		WORK PHONE		CELL PHONE	
PERSONAL EMAIL ADDRESS			RK EMAIL ADDRES	S	
Akron	ОН	USA		ETHNICITY: Hispar	nic Non-Hispanic
BIRTHPLACE: CITY	STATE	COUNTRY		RACE: (Select one or	more.)
Missouri Resident? Tyes No If yes, since when?				American Indian/Alaskan Native	
U.S. Citizen? 🖪 Yes 🔲 No	*	Gender: • Male Female			
Course is for	Degree	☑ Professional Development	1.	☐ Black/African Ameri☐ Native Hawaiian/Pa	
re you currently working toward a master's degree at Northwest? Yes No					cine islander
Previous Degrees Completed:		University of Dayton		OH	5/94
☐ Bachelor of Arts OR ☐ Bachelor of Science ☐ Master of Arts OR ☐ Master of Science		University of Akron	Akron	State	Graduation Da 5/04
		Institution Name	City	State	Graduation Da
Trimester Applying For: 🔳 Fa	II Spring	Summer Year			
Enrolling in:   Graduate Leve	el Coursework	Undergraduate Level Cour			
CRN DEPT/COURS	THE RESERVE TO BE SHOWN IN	CR HRS	TITLE		INSTRUCTOR
22-510	80	3 3D Coaching			W. Simmons
I certify that I have not evaded State University to verify any di course(s) for credit and making	plomas or degre	es that I have received. I under	stand that by sign	ing this form I am enro	Iling in the above