



College Credit Enrollment Form



559-99-5390
SOCIAL SECURITY NUMBER

BIRTHDATE: 07 03 1985
MONTH DAY YEAR

Holst
LAST NAME

Michael
FIRST NAME

S
M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

2640 Buttercup Dr Lodi
STREET ADDRESS CITY

CA 95242 San Joaquin
STATE ZIP CODE COUNTY

()
HOME PHONE

()
WORK PHONE

(209) 747-8560
CELL PHONE

mholst40@gmail.com
PERSONAL EMAIL ADDRESS

mholst@lodi.usd.net
WORK EMAIL ADDRESS

BIRTHPLACE: Lodi CA USA
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

Kansas Wesleyan University Salina, KS
Institution Name City State

12/18/07
Graduation Date

☐ Master of Arts OR ☐ Master of Science

Institution Name City State Graduation Date

Trimester Applying For: ☒ Fall ☐ Spring ☐ Summer Year 2019

Enrolling in: ☒ Graduate Level Coursework ☐ Undergraduate Level Coursework

| 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 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.

Michael Holst
STUDENT SIGNATURE

7/23/19
DATE