

College Credit Enrollment Form



SOCIAL SECURITY NUMBER	BIRTHDATE: MONTH DAY YEAR	
Bower	Ross	Α
LAST NAME	FIRST NAME	M.I.
OTHER LAST NAMES USED	OTHER FIRST NAMES USED	
7528 Pommel Place Wes	st Des Moines IA 50266 Dallas	
STREET ADDRESS CITY	STATE ZIP CODE COUNTY	
()		7
HOME PHONE	WORK PHONE CELL PHONE	
	bowerr@wdmcs.org	
PERSONAL EMAIL ADDRESS	WORK EMAIL ADDRESS	
Jefferson I	A USA ETHNICITY: Hispanic	Non-Hispanic
BIRTHPLACE: CITY ST	TATE COUNTRY RACE: (Select one or mo	
Missouri Resident? Tyes No If yes, s		an Native
U.S. Citizen? Yes No	Gender: 🗉 Male 🔲 Female	
Course is for Certification Degree	ee	
Are you currently working toward a master's		c islander
Are you currently working toward a specialis		
	st degree at Northwest, you will need to seek regular admission through th	e Graduate Office.
Previous Degrees Completed:		
·	University of Iowa lowa City IA	12/16/11
Bachelor of Arts OR Bachelor of Scient	Institution Name City State	Graduation Date
■ Master of Arts OR □ Master of Science	University of Iowa Iowa City IA	5/15/20
	Institution Name 2021 City State	Graduation Date
Trimester Applying For: Fall Sprin	g Summer Year ZUZ I	

CRN	DEPT/COURSE	SECTION	CR HRS	TILE //	INSTRUCTOR
	22-510	80	3	3D Coaching	W. Simmons

☐ Undergraduate Level Coursework

I certify that I have not evaded any questions or misrepresented any information on this application. I further authorize Northwest Missou
State University to verify any tiplomas or degrees that I have received. I understand that by signing this form I am enrolling in the above
course(s) for c/edit and/making an academic and financial commitment to Northwest. I also agree to accept all academic and financial
policies set forth by this institution.