

## DIMENSIONAL College Credit Enrollment Form



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WHICHER		MICHAE	_		t.
LAST NAME		FIRST NAME			M.I.
OTHER LAST NAMES USED			OTHER FIRST NAMES US	ED	
23711 260th 9	St. ADE	L JA	50003	DALLAS	
STREET ADDRESS	CITY	STATE	ZIP CODE CO	YTNUC	
( ) HOME PHONE	( we	) DRK PHONE		15, 238.	3079
mwhister.	58 @ gn	nail com wor	K EMAIL ADDRESS		
AS M 11-	Ta	4.00	ATT		
BIRTHPLACE: CITY	STATE	UNITED ST		ICITY: Hispanic : (Select one or more	
Missouri Resident? Tyes	Mo If yes, since w	hen?		nerican Indian/Alaskan	Native
U.S. Citizen? 2 Yes No	G	ender: Male Femal	e 🔲 Asi		
Course is for  Certification	on Degree	Professional Development		ck/African American	
Are you currently working to	ward a master's degre	e at Northwest? Tyes		tive Hawaiian/Pacific	slander
Are you currently working to			No		
		ee at Northwest, you will ne		mission through the	Graduate Office.
Previous Degrees Complete Bachelor of Arts OR	1	NARTBURG V	WAVZRLY 7	ZWA State	MAY 198 Graduation Date
☐ Master of Arts OR ☐ Ma		,		0:-1	Conduction Date
Trimester Applying For:		Summer Year	City	State	Graduation Date
Enrolling in: Graduate L	_evel Coursework	Undergraduate Level Cours	sework		
CRN DEPT/COU	IRSE SECTION C	R HRS	TITLE	IN	STRUCTOR
22-51	0 80	3 3D Coaching		W	. Simmons
		- L.			

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.

JUNE 5 2020