



# College Credit Enrollment Form



231-70-2462  
SOCIAL SECURITY NUMBER

BIRTHDATE: 02 22 1952  
MONTH DAY YEAR

Turner

Jerry

W.

LAST NAME

FIRST NAME

M.I.

N/A

N/A

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

957 Red Oak Circle Newport News

Va.

23608

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

757 875-2860

757 898-5013

757 286-5992

HOME PHONE

WORK PHONE

CELL PHONE

jwturner1@cox.net

jturner@ycsd.york.va

PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

Pulaski

Va.

U.S.

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

Old Dominion University Norfolk

Va.

06/15/74

Institution Name

City

State

Graduation Date

☐ Master of Arts OR ☐ Master of Science

Institution Name

City

State

Graduation Date

Trimester Applying For: ☐ Fall ☐ Spring

☒ Summer Year 2018

Enrolling in: ☒ Graduate Level Coursework

☐ Undergraduate Level Coursework

**ETHNICITY:** ☐ Hispanic ☐ Non-Hispanic  
**RACE:** (Select one or more.)  
☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian/Pacific Islander  
☒ White

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

DATE