



College Credit Enrollment Form



485-94-4490
SOCIAL SECURITY NUMBER

BIRTHDATE: 10 17 1977
MONTH DAY YEAR

Micheel

Matthew

B

LAST NAME

FIRST NAME

M.I.

Matt

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

922 Hemlock St Junction City

KS

66441

Geary

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

()
HOME PHONE

()
WORK PHONE

941) 685-7695
CELL PHONE

mmicheel@hotmail.com

matthewmicheel@usd475.org

PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

Fort

Dodge

IA

United States

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

☐ Master of Arts OR ☐ Master of Science

Missouri Western State University

St. Joseph

Missouri

5/2005

Institution Name

City

State

Graduation Date

Concordia University (Bachelor of Arts)

Seward

Nebraska

5/2000

Institution Name

City

State

Graduation Date

Trimester Applying For: ☐ Fall ☒ Spring

☒ Summer Year 2020

Enrolling in: ☒ Graduate Level Coursework

☐ Undergraduate Level Coursework

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