

COACHING College Credit Enrollment Form



47 1 - 5 6 - 5 1 3 6 SOCIAL SECURITY NUMBER	BIRTH	DATE: MONTH DAY	1962 YEAR	
Whitaker		Mary		A
Slobaszewski		MOTNAME		W.I.
THER LAST NAMES USED		ОТІ	HER FIRST NAMES USED	
13915 Briarwood	Lane Ur	bandale IA	50323 USA	
	ITY	STATE	ZIP CODE COUNTY	
515) 988-7877	(515	633-4145	151519	188-7877
ME PHONE	WORK PH	IONE	CELL PHONE	
Whitakerm 62 @ d	mail.com	wh	itakerm @ wdm	165,00g
RSONAL EMAIL ADDRESS		WORK	EMAIL ADDRESS	
nevokee Iowa RTHPLACE: CITY	STATE	COUNTRY	ETHNICITY:	Hispanic Non-Hispanic
				ian/Alaskan Native
S. Citizen? 🗷 Yes 🗖 No	Gender:	Male 🗖 Female		
Course is for Certification Degree Marchessional Development				<u> </u>
Are you currently working toward a master's degree at Northwest? Yes No No Native Hawa				ian/Pacific Islander
e you currently working toward a sp			- vviille	
you plan to pursue a master's/spe				rough the Graduate Office.
evious Degrees Completed: Bachelor of Arts OR Bachelor of Master of Arts OR Master of Sc				Kansas May 198 Graduation Date Minnesofa May 19 Graduation Date
mester Applying For: X Fall			Dity State	Graduation Date
rolling in: Graduate Level Cou	A	ergraduate Level Coursew	vork	
CRN DEPT/COURSE	SECTION CR HRS		TITLE	INSTRUCTOR
22-510	80 3	3D Coaching		W. Simmons
		2		
certify that I have not evaded any que	or degrees that I h	ave received. I understand	that by signing this form I am	enrolling in the above
urse(s) for credit and making an aca licies set forth by this institution.	ideniic and financia	i commitment to Northwe	st. I also agree to accept all ac	ademic and financial
~ a Whitaker			V	July 26, 2021
DENTSIGNATURE			DAT	