



# College Credit Enrollment Form



456-39-8522  
SOCIAL SECURITY NUMBER

BIRTHDATE: 05/29/1962  
MONTH DAY YEAR

Gunter

James

A

LAST NAME

FIRST NAME

M.I.

OTHER LAST NAMES USED

OTHER FIRST NAMES USED

579 Southview Dr

LeMars

IA

51031

Plymouth

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

712 540-0295

HOME PHONE

WORK PHONE

CELL PHONE

barbandtonygunter@gmail.com

PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

Fulda

Germany

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

Lamar U.

Beaumont TX

1985

Institution Name

City

State

Graduation Date

Buena Vista U.

Storm Lake IA

2000

Institution Name

City

State

Graduation Date

Trimester Applying For: ☐ Fall ☒ Spring

☒ Summer Year 2019

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