

## DIMENSIONAL College Credit Enrollment Form



	RITY NUMBER		BIRTHDATE:	O17 25	191915		
LOWE			Chad FIRST NAME				A <sub>M.I.</sub>
OTHER LAST NAMES USED			OTHER FIRST NAM			MES USED	
22 MAN	vern Ave	Newark		DE STATE	19713 ZIP CODE	New Cog	tle
(302) HOME PHONE	540-4250		()_ WORK PHONE		(	) ELL PHONE	
Chada PERSONAL EN	lowe 1 @ g	mail, com		WORK I	EMAIL ADDRESS		
BIRTHPLACE:	St Georges	DE STATE	US/	A TRY		THNICITY: His ACE: (Select one	panic Non-Hispanic
Missouri Resi	dent? 🛛 Yes 🖾 N	o If yes, since	when?		1_	American Indian/	
	Yes No		Gender: Ma	le 🔲 Female		Asian	
						Black/African Am	
	Native Hawa						Pacific Islander
						White	
	ntly working toward		-			ır admission throu	igh the Graduate Office
_	rees Completed:	elor of Science	University o	f Delowere	Newark lity	D € State	05/38/20 Graduation Dat
Master of	of Arts OR 🗖 Master	of Science	Institution Name		Dity	State	Graduation Dat
Trimester App	olying For: 📮 Fall	Spring	Summer	fear 2023			
Enrolling in:	Graduate Level	Coursework	Undergradua	ate Level Coursew	ork NA		
CRN	DEPT/COURSE	SECTION	CR HRS		TITLE	교생 뿐 내 54[4	INSTRUCTOR
	22-510	80	3 3D Co	aching			W. Simmons
State Univers course(s) for	ity to verify any dipl credit and making a orth by this institutio	omas or degree n academic and	s that I have rec	eived. I understan	d that by signin	g this form I am en to accept all acade	
STUDENT SIGNAT	lex						114/22
STUDENT SIGNAT	URE					DATE	