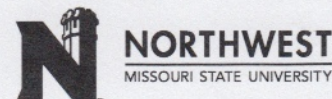




# College Credit Enrollment Form



300-66-3549  
SOCIAL SECURITY NUMBER

BIRTHDATE: 05 15 1959  
MONTH DAY YEAR

RUTHERFORD  
LAST NAME

GERALD  
FIRST NAME

L  
M.I.

OTHER LAST NAMES USED

JERRY  
OTHER FIRST NAMES USED

20662 Lemoynes Rd Luckey Ohio 43443 USA  
STREET ADDRESS CITY STATE ZIP CODE COUNTY

( )  
HOME PHONE

( )  
WORK PHONE

(419) 308-4825  
CELL PHONE

wingt2001@gmail.com  
PERSONAL EMAIL ADDRESS

jrutherford@eastwardschools.org  
WORK EMAIL ADDRESS

Fremont Ohio USA  
BIRTHPLACE: CITY STATE COUNTRY

ETHNICITY: ☐ Hispanic ☒ Non-Hispanic

RACE: (Select one or more.)

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☒ White

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

Baldwin-Wallace Berea Ohio 1981  
Institution Name City State Graduation Date

☒ Master of Arts OR ☐ Master of Science

University of Findlay Findlay Ohio 2003  
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.

[Signature]  
STUDENT SIGNATURE

1/13/20  
DATE