

College Credit Enrollment Form



520-13-8569 SOCIAL SECURITY NUMBER BIRTHDATE: MONTH DAY YEAR

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LAST NAME	AME FIRST NAME			M.I.	
OTHER LAST NAMES USED		THER FIRST NA	MES USED	4111	
1072 Waterford Casp	er WY	8260	9 Natrona	a	
STREET ADDRESS CITY	STATE	ZIP CODI			
() HOME PHONE	() WORK PHONE		307 760-	5815	
michael.sims08@gmai	l com mi	chael6	169@myn	csd ora	
PERSONAL EMAIL ADDRESS		K EMAIL ADDRE		ood.org	
Torrington WY	/ USA				
BIRTHPLACE: CITY STATE	COUNTRY		ETHNICITY: His RACE: (Select one	panic Non-Hispanic	
Missouri Resident? Tyes No If yes, since	when?		American Indian/	•	
U.S. Citizen? • Yes • No	Gender: • Male Female	,	☐ Asian		
		•	☐ Black/African Am	nerican	
Course is for Certification Degree	Professional Development		Native Hawaiian/	Pacific Islander	
Are you currently working toward a master's deg	gree at Northwest? 🔲 Yes 🚇	No	☐ White		
Are you currently working toward a specialist de	gree at Northwest? 🗖 Yes 🛚 🖪	No			
If you plan to pursue a master's/specialist de	gree at Northwest, you will nee	ed to seek reg	ular admission throu	igh the Graduate Office.	
Previous Degrees Completed:					
Frevious Degrees Completed.	University of WY	Laram	ie WY	2005	
🔲 Bachelor of Arts OR 🖪 Bachelor of Science	Institution Name	City	State	Graduation Date	
	Montana State University	Bozema	ın MT	2014	
■ Master of Arts OR □ Master of Science	Institution Name	City	State	Graduation Date	
Trimester Applying For: Fall Spring	■ Summer Year				
Enrolling in: Graduate Level Coursework	Undergraduate Level Course	ework			
CRN DEPT/COURSE SECTION	CR HRS	TITLE		INSTRUCTOR	

CRN	DEPT/COURSE	SECTION	CR HRS	TITLE	INSTRUCTOR
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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.

Michael Sur

STUDENT SIGNATURE

DATE