

DIMENSIONAL College Credit Enrollment Form



4.7.10.8 - 3.8	1,2
SOCIAL SECURITY NUMBER	
LUUKKONEN	

BIRTHDATE: MONTH DAY YEAR STEVEN

LAST NAME				FIRST NAM	E			M.I.
OTHER LAST NAMES US	FD				071	IER FIRST NA	MESUSED	
11035 53rd Ave		PLYMOUTH			MN	55442		
STREET ADDRESS		CITY			STATE	ZIP CODI	COUNTY	
612 720-9	665		()			()	
IOME PHONE			WORK PH	ONE			CELL PHONE	
mussooriesteve	@gmail.c	om			steve	eluukkon	en@woodstock.a	ic.in
RESONAL EMAIL ADDRESS NO. Memorial Ro		MN		USA	WORKE	MAIL ADDRE	SS	
	DDITISUATE						ETHNICITY: Hispa	
BIRTHPLACE: CITY STATE				COUNTRY			RACE: (Select one o	
Missouri Resident?		If yes, since					American Indian/Al	askan Native
J.S. Citizen? Yes					Black/African American			
Course is for Certification Degree Professional De				ssional Develop	lopment Native Hawaiian/Pacific Islander			
Are you currently working toward a master's degree at Northwest? Yes No White					☑ White			
Are you currently work	ing toward a	specialist de	gree at N	lorthwest?	Yes 🖪 N	0		
f you plan to pursue	a master's/s	pecialist de	gree at N	lorthwest, you	will need	to seek reg	ular admission throug	h the Graduate Offic
Previous Degrees Cor	mpleted:							
☐ Bachelor of Arts (Univ.	Minn Dulu	ith I	Duluth	MN	May '09
Bachelor of Arts C	DR 🗀 Bachelor	r of Science	Institution	Name	C	City	State	Graduation D
☐ Master of Arts OF	Master of S	Science						
rimester Applying For	Deal 1	Spring	Institution Sumi		(City	State	Graduation D
Enrolling in: Grad					.1.0			
Enrolling III. Grac	duale Level Co	oursework	□ Onde	ergraduate Lev	ei Coursew	/OFK		
CRN DEP	T/COURSE	SECTION	CR HRS			TITLE		INSTRUCTOR
	22-510	80	3	3D Coaching				W. Simmons
	,							
	t evaded any o	questions or					ation. I further authorize	
State University to ver course(s) for credit an	ify any diplom d making an a						ee to accept all acaden	
State University to ver	ify any diplom d making an a						ee to accept all acaden	