

College Credit Enrollment Form



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SOCIAL SECU	RITY NUMBER		BIRTHD		TEAR		
WEINE	RTS			JERRY			<u>L.</u>
LAST NAME				FIRST NAME			M.I.
OTHER LAST N	AMES USED			ОТН	ER FIRST NAMI	ES USED	
600 BROAD	<τ <i>(</i>	MAXWE	11	IA	50161	STORY	
STREET ADDR		CITY		STATE	ZIP CODE	COUNTY	ti e
()			()		(515) 41	0-1746
HOME PHONE	1 - 1		WORK PH		1 0	CELL PHONE	1
	rts@yahoo.con	า					well. k12.ia.us
PERSONAL EN	IAIL ADDRESS			WORK E	MAIL ADDRESS	5	
5HI	ELDON	TA		U.S.A.	E	THNICITY:	Hispanic Non-Hispanic
BIRTHPLACE:	CITY	STATE		COUNTRY	_	RACE: (Select or	
Missouri Resident? Tyes No If yes, since when?							
U.S. Citizen?	Yes O No		Gender:	Male Female	-	Asian	
Course is for Certification Degree Professional Development Black/African American Native Hawaiian/Pacific Islander							
Are you currently working toward a master's degree at Northwest? Yes No							
Are you curre	ently working toward a s	pecialist de	gree at N	orthwest? Tyes No	_		
If you plan to	pursue a master's/sp	ecialist de	gree at N	lorthwest, you will need t	o seek regul	ar admission thr	ough the Graduate Office.
Previous Deg	rees Completed:						
Bachelo	or of Arts OR D Bachelor	of Science	Univer:	Sity Sioux Falls S Name Ci	pioux Falls	State	MAY 1995 Graduation Date
Master of Arts OR Master of Science			Institution	Name C	ity	State	Graduation Date
Trimester App	olying For:	Spring	_	ner Year 2017			
			O Unde	ergraduate Level Coursewo	ork		
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

July 3, 2017