



Student Exchange Program Conception Seminary College Registration Form

NORTHWEST

MISSOURI STATE UNIVERSITY

ID NUMBER: 919

Office Use Only:
Student Type = X
Residence = _____

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SOCIAL SECURITY NUMBER

BIRTHDATE

Month Day Year

Full Legal Name

LAST **FIRST** **MI**

Other Names Used

LAST **FIRST** **MI**

STREET ADDRESS

COUNTY **CITY** **STATE** **ZIP CODE**

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HOME PHONE **CELL PHONE**

PERSONAL E-MAIL ADDRESS

BIRTHPLACE **CITY** **STATE** **COUNTRY**

Missouri Resident? Yes No If yes, since when? _____

U.S. Citizen? Yes No Gender: Male Female

Trimester Applying For: Fall Spring Summer Year _____

ETHNICITY: Hispanic Non-Hispanic
RACE: (Select one or more.)
 American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

DATES OF ENROLLMENT AT CONCEPTION SEMINARY COLLEGE

Do you plan to enroll in ONLY online courses: Yes No

CRN	DEPT	COURSE	SECTION	CR HRS	TITLE	INSTRUCTOR

I certify that all information contained herein is true and complete in all regards and that no important information has been withheld. If the information changes in any material way, I will notify Northwest of that change. I further understand that any incomplete or false information provided on this application, or my failure to notify Northwest of a material change in that information, will void my admission. I accept Northwest Missouri State University's computer policies as stated in the User's Guide, available on the Internet at www.nwmissouri.edu/compserv/ClientComputing/ComputingPolicies.htm. (Acceptance of the Northwest Computer Policy is required, before a computer username will be issued, to gain access to the computing services provided by Northwest.)

STUDENT SIGNATURE

DATE

Print, sign and submit to: Northwest Missouri State University, Office of Admissions 800 University Drive, Maryville, MO 64468