NORTHWEST
MISSOURI STATE UNIVERSITY

Student Exchange Program
Conception Seminary College Registration Form

ID NUMBER: 919 ☐☐☐☐☐☐

Office Use Only:
Student Type = X
Residence = _____

☐☐☐ – ☐☐ – ☐☐☐☐
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**

( ) **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 _____

DATES OF ENROLLMENT AT CONCEPTION SEMINARY COLLEGE

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

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