



**NORTHEASTERN**  
STATE UNIVERSITY

COLLEGE OF EXTENDED LEARNING

**DECLARATION FORM  
CERTIFICATE OF EMERGENCY MANAGEMENT AND PLANNING**

**INSTRUCTIONS:** Please complete the following declaration form and submit to Kris Rider by email at [riderka@nsuok.edu](mailto:riderka@nsuok.edu), or by fax at 918-449-6571.

1. \_\_\_\_\_  
Last Name First Name M.I.

2. Mailing Address: \_\_\_\_\_  
Street Address (or PO Box) City State Zip

3. Work Phone: \_\_\_\_\_ 4. Home Phone: \_\_\_\_\_

4. Cell Phone: \_\_\_\_\_ 5. E-mail: \_\_\_\_\_

5. Are you interested in pursuing a bachelor's degree after completing this certificate? (Y/N) \_\_\_\_\_

6. Please list any previous colleges that you have attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you earn a degree at your previous institution? (Y/N) \_\_\_\_\_

7a. If yes, state the degree: \_\_\_\_\_

7b. If no, how many hours did you complete? \_\_\_\_\_ Major: \_\_\_\_\_