



REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name _____ First Name _____ M.I. _____ Former Last Name (if applicable) _____ Date of Birth _____
 Student ID No. _____ I've taken classes at Northwood Technical College and/or WITC in the past.
No student ID, or don't remember? Provide Social Security No.
 *Why do we ask for SSN? NorthwoodTech.edu/SSN

Email address (required as email is primary method of communication by the college) _____ Home phone _____ Cell phone _____

Home address _____ City _____ State _____ ZIP _____
 Resident of (check one): Township Village City _____ County _____ School District where you live _____ Last high school attended _____
 Highest grade COMPLETED (K-12) _____

The following information is required for state and federal reporting purposes and will be kept confidential.

Gender: Male Female **Ethnicity:** Hispanic/Latino origin? Yes No
Race (check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Highest Credential Earned

No Credential Some college credit 2yr Diploma Baccalaureate
 GED Short-term diploma Associate Degree More than Baccalaureate
 HSED or certificate Associate Degree Student Declined/Unknown
 High School Diploma 1yr Diploma Plus Additional Credential

OFFICE USE ONLY

Term _____

Received by _____

Date registration entered _____

It is your responsibility to contact Northwood Tech to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify Northwood Tech prior to the first scheduled class meeting.

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
27590	47504437	Patrol Rifle Operator	RLPD Firing Range	05/07/2024	60.00
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.					TOTAL 60.00

A full detailed Annual Security Report can be located at the following link: www.northwoodtech.edu/annualsecurityreport
 Northwood Tech is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender

Driver's License Number _____ Assessment Agency and Date _____

Youth Registration: With parent/guardian approval, Northwood Tech courses are open to students age 16 or younger when the course meets outside student's normal school hours. Some courses may have minimum age prerequisites.

Parent/Legal Guardian name: _____ Signature: _____ Date: _____
(please print)

Agency Bill/Sponsored Registration: If an agency or employer has agreed to pay your tuition, provide organization name, signature and attach written authorization.

Name of Business/Agency or EMS/Fire Sponsor: _____

I authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above. _____
Student Signature 08.10.21

PAYMENT METHOD: Check/money order payable to Northwood Technical College CK # _____ Cash
 Agency bill (complete section above)
 Credit Card No. _____ Exp. Date _____ Security Code _____
(Mastercard/Visa/Discover) (month/year)
 Name on Card _____ Cardholder Signature _____



Northwood Technical College
 Formally Wisconsin Indianhead Technical College
CNED AUTHORIZATION TO BILL FOR PAYMENT

Please select campus location:

- | | | | | |
|--|--|--|---|---------------------------------|
| <input type="checkbox"/> Ashland Campus
2100 Beaser Avenue
Ashland, WI 54806
715.682.4591 | <input type="checkbox"/> New Richmond Campus
1019 S Knowles Ave
New Richmond, WI 54017
715.246.6561 | <input type="checkbox"/> Rice Lake Campus
1900 College Drive
Rice Lake, WI 54868
715.234.7082 | <input type="checkbox"/> Superior Campus
600 N 21st St
Superior, WI 54880
715.394.6677 | <input type="checkbox"/> Online |
|--|--|--|---|---------------------------------|

All Authorizations emailed to: authorization_pay@northwoodtech.edu

_____ will be covering the costs for the purpose selected below:

Company Name

- | | |
|---------------------|-------------------------|
| Student Name: _____ | ID: _____
(if known) |
| Student Name: _____ | ID: _____
(if known) |
| Student Name: _____ | ID: _____
(if known) |
| Student Name: _____ | ID: _____
(if known) |

*If needed, please add an additional page with all student names

Select Applicable Charges:

- Tuition
- Books
- Misc Fees

Term/Semester or Class Date: _____
 (example: Fall 2021 semester)

*If only paying for a specific class, list the class name/number
 Class Name: _____
 Class Number: _____

Authorization:

I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.

 Company Name Telephone

 Company Address City, State, Zip

 Contact Email Address

 Printed Authorized Name Authorized Title

 Authorized Signature Date Signed