



# 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 or certificate       Associate Degree       More than Baccalaureate  
 HSED       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
41182	47504420	Slide Mounted Optics Operator	RLPD Firing Range	7/10/24	40.00
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.					<b>TOTAL 40.00</b>

A full detailed Annual Security Report can be located at the following link: [www.northwoodtech.edu/annualsecurityreport](http://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<br>2100 Beaser Avenue<br>Ashland, WI 54806<br>715.682.4591 | <input type="checkbox"/> New Richmond Campus<br>1019 S Knowles Ave<br>New Richmond, WI 54017<br>715.246.6561 | <input type="checkbox"/> Rice Lake Campus<br>1900 College Drive<br>Rice Lake, WI 54868<br>715.234.7082 | <input type="checkbox"/> Superior Campus<br>600 N 21st St<br>Superior, WI 54880<br>715.394.6677 | <input type="checkbox"/> Online |
|--|--|--|---|---------------------------------|

**All Authorizations emailed to: [authorization\\_pay@northwoodtech.edu](mailto: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