



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 |
|---|-------------|-------------|----------|------------|--------------|
| | | | | | |
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| | | | | | |
| | | | | | |
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| | | | | | |
| Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay. | | | | | TOTAL |

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
Formerly 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

_____ Printed Authorized Name

_____ Authorized Title

_____ Authorized Signature

_____ Date Signed