

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I.	Former Last Na	me (if applicable)			Date of Birth
		ent ID, or don't remember? Provide Social Security No. o we ask for SSN? NorthwoodTech.edu/SSN		☐ I've taken	classes at Northwood Te	echnical Col	lege and/or WITC in t	he past.
Email address (required as email is primary method of communication by			by the college)	Home phone 0		Cel	l phone	
Home address			City			State	ZIP	
						Juic	Highest gra COMPLETE	
Resident of (check o	one): 🛛 Township 🖾 Villa	ge □City Co	ounty School Dist	rict where you li	ve Last high sc	hool attend	ed	
-	rmation is required for state a	and federal reporting p	ourposes and will be kept	t confidential.				
Gender: 🛛 Male I	□Female Ethnicity	y: Hispanic/Latino origir	n? □Yes □No				OFFICE	
Race (check all that	apply): 🛛 American Indian/#	Alaska Native 🛛 Asian	Black/African American	□ Native Hawa	aiian/Other Pacific Islander		USE ONLY	
Highest Credenti	al Earned						Term	
□ No Credential		e college credit	□ 2yr Diploma		Baccalaureate		Received by Date registration entered	
GED HSED High School C	or ce	-term diploma ertificate	 Associate Degree Associate Degree 	ee	More than Baccalaureate Student Declined/Unknown			
High School E It is your responsibil	Diploma 🛛 1yr Dij lity to contact Northwood Tec		Plus Additiona		immodiately as a single			
	refund amount. A full refund v							
CLASS NO.	CATALOG NO.	CL	ASS TITLE		LOCATION		START DATE	CLASS FEE
26271	47504496	DOJ Instructo	or, IDC	North	wood Tech Rice	e Lake	01/27/2025	250.00
			<u>·</u>					
 								
 	<u> </u>	<u> </u>						
Once registered fc	or a course(s), you have created	d a liability with Northwc	ood Tech and a promise to	pay.		total 250.00		
Northwood Tech is an B	Security Report can be located at t Equal Opportunity/Access/Affirma egistration: Motorcycle, T	ative Action/Veterans/Disab	pility Employer and Educator.					
Driver's License Nu	ımber		Assessment Age	ency and Date				
Youth Registration:	: With parent/guardian appr minimum age prerequisites.	roval, Northwood Tech	-					
Parent/Legal Guar	dian name:		Signature	:			Date:	
	dian name:							
	• • • •	., .	.,,	0				
	Agency or EMS/Fire Sponsor							
	ood Tech to forward informa	ation regarding the con		the sponsor liste	30 on the line above		Student Signature	08.10.21
PAYMENT METHO		□ Check/money order payable to Northwood Technical College CK # □ Cash □ Agency bill (complete section above						
	Credit Card No.	Credit Card No Exp. Date					Security Co	ode
		((Mastercard/Visa/Discove	ər)		(month/y	ear)	
Name on Card			Cardhold	ler Signature				

Northwood Technical College Formally Wisconsin Indianhead Technical College CNED AUTHORIZATION TO BILL FOR PAYMENT								
Please select campus location:								
Ashland Campus 2100 Beaser Avenue Ashland, WI 54806 715.682.4591	New Richmond Campus 1019 S Knowles Ave New Richmond, WI 54017 715.246.6561	Rice Lake Campus Superior Campus Online 1900 College Drive 600 N 21st St Rice Lake, WI 54868 Superior, WI 54880 715.234.7082 715.394.6677 Authorization_pay@northwoodtech.edu						
will be covering the costs for the purpose selected below:								
Student Name:	Company Name	(if known)						
Student Name:		(if known)(if known)						
Student Name:		ID:						
Student Name:		ID:(if known)						
*If needed, please add an	additional page with all student names							
Select Applic	able Charges:	Term/Semester or Class Date: (example: Fall 2021 semester)						
	Books	*If only paying for a specific class, list the class name/number Class Name:						
	Misc Fees	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 Addr	ess							
Printed Authorized Name		Authorized Title						
Authorized Signatu		Date Signed						
NORTHWOOD TECH COLLEGE USE ONLY: CLASS ROSTER MUST ACCOMPANY AUTHORIZATION IN ORDER TO BE PROCESSED								