



# 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.   |            |      | <input type="checkbox"/> 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.<br>*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 | Highest grade COMPLETED (K-12) _____ |
| Resident of (check one): <input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City      County      School District where you live      Last high school attended _____ |      |       |     |                                      |

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**

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> No Credential       | <input type="checkbox"/> Some college credit               | <input type="checkbox"/> 2yr Diploma              | <input type="checkbox"/> Baccalaureate           |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Short-term diploma or certificate | <input type="checkbox"/> Associate Degree         | <input type="checkbox"/> More than Baccalaureate |
| <input type="checkbox"/> HSED                | <input type="checkbox"/> Associate Degree                  | <input type="checkbox"/> Student Declined/Unknown |  |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 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      |
|---|-------------|--------------|-----------------------|-------------|----------------|
| 26662   | 47504465    | LE MGMT CONF | Hayward FlatCreek Inn | April 15-17 | 225.00         |
|   |             |              |                       |             |                |
|   |             |              |                       |             |                |
|   |             |              |                       |             |                |
|   |             |              |                       |             |                |
|   |             |              |                       |             |                |
| Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay. |             |              |                       |             | TOTAL \$225.00 |

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: _____<br>(if known) |
| Student Name: _____ | ID: _____<br>(if known) |
| Student Name: _____ | ID: _____<br>(if known) |
| Student Name: _____ | ID: _____<br>(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.

|                                  |                           |
|----------------------------------|---------------------------|
| _____<br>Company Name            | _____<br>Telephone        |
| _____<br>Company Address         | _____<br>City, State, Zip |
| _____<br>Contact Email Address   |                           |
| _____<br>Printed Authorized Name | _____<br>Authorized Title |
| _____<br>Authorized Signature    | _____<br>Date Signed      |