



# 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. *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
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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"/> 1yr Diploma	<input type="checkbox"/> Associate Degree Plus Additional Credential	<input type="checkbox"/> Student Declined/Unknown
<input type="checkbox"/> High School Diploma			

**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
N/A	N/A	ARIDE	Northwood Tech Rice Lake Conference Center 241	June 16-17	\$Free
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.					<b>TOTAL \$Free</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 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
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**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