

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I.	Former Last Name (if applicable)	[Date of Birth
		udent ID, or don't remember? Provide Social Security No. rdo we ask for SSN? NorthwoodTech.edu/SSN		\square I've taken classes at Northwood Technical College and/or WITC in the past.		ne past.
Email address (req	uired as email is primary me	thod of communication	by the college)	Home phone C	ell phone	
Home address			City	State	ZIP Highest grad	
Resident of (check	one): 🗆 Township 🗆 Villa	age □City Co	unty School Dist	rict where you live Last high school atten		
The following info	rmation is required for state	and federal reporting p	urposes and will be kept	confidential.		
Gender: □Male	□Female Ethnicit y	: Hispanic/Latino origir	n? □Yes □No			
Race (check all that	t apply): 🗆 American Indian/	'Alaska Native 🛮 Asian	☐ Black/African American	☐ Native Hawaiian/Other Pacific Islander ☐ White	OFFICE U	JSE ONLY
Highest Credent	ial Earned				Term	
□ No Credentia □ GED □ HSED	☐ Short	e college credit			Received by Date registration entered	
☐ High School [Plus Additiona		1	
, .	-		, , , , , , , , , , , , , , , , , , , ,	ou should do so immediately as a single the first scheduled class meeting.		
CLASS NO.	CATALOG NO.	CL	ASS TITLE	LOCATION	START DATE	CLASS FEE
N/A	N/A	ARIDE		Northwood Tech Rice Lake	March 12-13	\$Free
				Conference Center247/24	.9	
					1	
Once registered for	ar a source(s) you have create	d a liability with Northwa	ad Tach and a promise to		TOTAL OF	roo
	or a course(s), you have create Security Report can be located at	<u> </u>	<u> </u>	· · ·	TOTAL \$F	ree
Northwood Tech is an	Equal Opportunity/Access/Affirm	ative Action/Veterans/Disab	ility Employer and Educator.			
Driver's License Nu	ımber		Assessment Age	ency and Date		
	: With parent/guardian app minimum age prerequisites.	roval, Northwood Tech	courses are open to stud	ents age 16 or younger when the course meets ou	ıtside student's normal s	school hours. Some
Parent/Legal Guard	dian name:		Signature	:	Date:	
				organization name, signature and attach written autho		
Name of Business/	Agency or EMS/Fire Sponso	r:				
I authorize Northw		5 5	•	the sponsor listed on the line above	Student Signature	08.10.21
					J. a a c i signature	55.10.21
PAYMENT METH		rder payable to Northw aplete section above	ood Technical College Cl	K # Cas	sh	
	☐ Credit Card No.			Exp. Date	Security Co	ode
		(Mastercard/Visa/Discove	er) (month/		
Name on Card			Cardhold	ler Signature		
				<u> </u>		



Northwood Technical College Formally Wisconsin Indianhead Technical College

Formally Wisconsin Indianhead Technical College
CNED AUTHORIZATION TO BILL FOR PAYMENT

Authorization: Authorization New Richmond Campus 1019 S Roowled Ave 1019 Roowled Roomled Roo	se select campus location:							
Company Name ID:	2100 Beaser Avenue 1019 S Knowles Ave Ashland, WI 54806 New Richmond, WI 54017 715.682.4591 715.246.6561	1900 College Drive 600 N 21st St Rice Lake, WI 54868 Superior, WI 54880 715.234.7082 715.394.6677						
Student Name: ID: (if known)	Common Morro	will be covering the costs for the purpose selected below:						
Student Name: ID: (if known)	Company Name							
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: Term/Semester or Class Date: (example: Fall 2021 semester) Books (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	Student Name:							
Student Name: ID:	Student Name:							
Student Name: "If needed, please add an additional page with all student names Select Applicable Charges: Tuition 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 Address	Student Name:							
*If needed, please add an additional page with all student names Select Applicable Charges:	Student Name:	ID:						
Tuition (example: Fall 2021 semester) Books '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	*If needed, please add an additional page with all student names	(if known)						
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Contact Email Address	I understand that this Authorization is an agreer above. I hereby authorize Northwood Tech to b	ill us for all costs associated per this agreement.						
	Company Address	City, State, Zip						
Printed Authorized Name Authorized Title	Contact Email Address							
	Printed Authorized Name	Authorized Title						
Authorized Signature Date Signed	Authorized Signature	Date Signed						