

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I. F	ormer Last Name (if applicable)			Date of Birth
		dent ID, or don't remember? Provide Social Security No. lo we ask for SSN? NorthwoodTech.edu/SSN		$\hfill \square$ I've taken classes at Northwood Technical College and/or WITC in the past.			ne past.
Email address (required as email is primary method of commu			y the college)	Home phone	Cell	Cell phone	
Home address		City			State ZIP Highest grade		
Resident of (check	one): □Township □Villa	ge DCity Cou	nty School Distric	t where you live Last high sc	thool attended		O (K-12)
The following info	mation is required for state		rposes and will be kept c	onfidential.			
Gender: □Male □Female Ethnicity: Hispanic/Latino origin? □Yes □No							
Race (check all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/C					er 🛮 White	l _	JSE ONLY
Highest Credential Earned						Term Received by	
□ No Credentia□ GED□ HSED	☐ Short-	college credit term diploma ertificate	□ 2yr Diploma□ Associate Degree□ Associate Degree	☐ Baccalaureate☐ More than Baccalaureate☐ Student Declined/Unknown		Date registration entered	
	lity to contact Northwood Te	ch to officially drop a class		Credential u should do so immediately as a single te first scheduled class meeting.			
CLASS NO.	CATALOG NO.		SS TITLE	LOCATION		START DATE	CLASS FEE
40703	30504316	Basic Jail Acad		Northwood Tech NR	(07/17/23 -	940.00
40712	30504317	Basic Jail Aca		Northwood Tech N	+	08/18/2023	010.00
407 12	30304317	Dasie dali 7 tee	ductify	1401tilWood 1CCIT14		00/10/2020	
Once registered for a course(s), you have created a liability with I						TOTAL 940.00	
Northwood Tech is an	Security Report can be located at t Equal Opportunity/Access/Affirma egistration: Motorcycle, 1	ative Action/Veterans/Disabili	ty Employer and Educator.				
Driver's License Nu	ımber		Assessment Agen	cy and Date			
	: With parent/guardian appr minimum age prerequisites.	oval, Northwood Tech co	ourses are open to studer	ats age 16 or younger when the course	e meets outsic	de student's normal :	school hours. Some
Parent/Legal Guardian name: Signature: Date:							
Agency Bill/Sponso	plea red Registration: If an agency of	se print) or employer has agreed to	pay your tuition, provide or	ganization name, signature and attach wi	ritten authoriza	tion.	
Name of Business/	Agency or EMS/Fire Sponso	r:					
I authorize Northw	ood Tech to forward informa	ation regarding the comp	oletion of this course to th	e sponsor listed on the line above		Student Signature	08.10.21
PAYMENT METH	•	☐ Check/money order payable to Northwood Technical College CK # ☐ Cash ☐ Agency bill (complete section above					
	• , ,						nde
	_ 5.5an 5an 110.	☐ Credit Card No Exp. Date (Mastercard/Visa/Discover)					
Name on Card _			Cardholder	Signature			
I							