



Northwood
Technical College

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. _____ No student ID, or don't remember? Provide Social Security No.
*Why do we ask for SSN? NorthwoodTech.edu/SSN

I've taken classes at Northwood Technical College and/or WITC in the past.

Email address (required as email is primary method of communication by the college) _____ Home phone _____ Cell phone _____

Home address _____ City _____ State _____ ZIP _____

Resident of (check one): Township Village 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	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> More than Baccalaureate
<input type="checkbox"/> HSED	or certificate	<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
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.					TOTAL

A full detailed Annual Security Report can be located at the following link: 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:	<input type="checkbox"/> Check/money order payable to Northwood Technical College CK # _____	<input type="checkbox"/> Cash
	<input type="checkbox"/> Agency bill (complete section above)	
<input type="checkbox"/> Credit Card No. _____	Exp. Date _____	Security Code _____
	(Mastercard/Visa/Discover)	
Name on Card _____	Cardholder Signature _____	



Northwood Technical College
Formerly 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
1900 College Drive
Rice Lake, WI 54868
715.234.7082

Superior Campus
600 N 21st St
Superior, WI 54880
715.394.6677

Online

All Authorizations emailed to: authorization_pay@northwoodtech.edu

will be covering the costs for the purpose selected below:

Company Name _____

Student Name: _____

ID: _____
(if known)

*If needed, please add an additional page with all student names

Select Applicable Charges:

Tuition

Term/Semester or Class Date: _____

(example: Fall 2021 semester)

Books

*If only paying for a specific class, list the class name/number

Misc Fees

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 _____