



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.				☐ 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
Resident of (check one): ☐ Township ☐ Village ☐ City			Highest grade COMPLETED (K-12) _____
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

☐ No Credential	☐ Some college credit	☐ 2yr Diploma	☐ Baccalaureate
☐ GED	☐ Short-term diploma	☐ Associate Degree	☐ More than Baccalaureate
☐ HSED	☐ or certificate	☐ Associate Degree	☐ Student Declined/Unknown
☐ High School Diploma	☐ 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:	☐ 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:

☐

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)

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

Printed Authorized Name

Authorized Title

Authorized Signature

Date Signed

NORTHWOOD TECH COLLEGE USE ONLY: CLASS ROSTER MUST ACCOMPANY AUTHORIZATION IN ORDER TO BE PROCESSED