WISCONSIN INDIANHEAD TECHNICAL COLLEGE

## **REGISTRATION FORM**

for Continuing Education (non-credit) Courses

WITC is an equal opportunity employer/educator.

| Last Name  |  | First Name  | M.I.   | Former La   | st Name (if applicable)   | Date of Birth           | <br>Age 62+? |  |
|--|--|---|--|---|---|-------------------------|--------------|--|
| WITC Studer  | nt ID No.  | No student ID, or don't remember?<br>Provide Social Security No.  |  |   |   |                         |              |  |
| Email addres   | s (required for WITC ale   | rts and important co  | mmunication)   | Home phone  |   | Cell phone              |              |  |
| Home address       City         Resident of (check one):       Township       Village       City       School District where you live                |  |   |  |   | State ZIP<br>Highest grade  |                         |              |  |
| Gender: □ Male □<br>Race (check all ti<br>Highest Credenti<br>□ 01 = No Creden<br>□ 02 = GED<br>□ 03 = HSED<br>□ 04 = High Schoo<br>It is your respo | tial □ 05 = Some co<br>□ 06 = Short-ten<br>□ 07 = 1yr Diplo<br>nsibility to contact WITC | c/Latino origin? □ Yes 1<br>Alaska Native □ Asian □<br>lege credit<br>n diploma or certificate<br>ma<br>to officially drop a cl | <ul> <li>No</li> <li>Black/African American</li> <li>□ 08 = 2yr Diploma</li> <li>□ 09 = Associate De</li> <li>□ 10 = Associate De</li> <li>□ Plus Addition</li> <li>ass. If you decide to</li> </ul> | □ Native Hawaiian/<br>□ 11<br>gree □ 12<br>gree □ 99<br>al Credential<br>□ drop, you should | Other Pacific Islander □White<br>= Baccalaureate<br>2 = More than Baccalaureate<br>9 = Student Declined/Unknown | OFFICE US Term:         |              |  |
| CLASS NO.  | CATALOG NO.  |   | CLASS TITLE  |   | LOCATION  | START DATE              | CLASS FEE    |  |
| Once registere   | ed for a course(s), you have   | e created a liability wit   | h WITC and a prom  | ise to pay.   |   | TOTAL                   |              |  |
| PAYMENT MI   | ETHOD: Check or money<br>Agency Bill/Spor  | order payable to WITC<br>sored Registration - comp  |  |   | Discover Exp. Date<br>prization Month /   | Security Code _<br>Year |              |  |
| Credit Card No.  |  | Name on Card Cardholder S   |  |   | Cardholder Signatu  | inature                 |              |  |
|  | ated Registration:   | -   |  |   | der<br>Date   |                         |              |  |
| *Some courses  | <b>stration:</b> With parent/g<br>may have minimum age pre<br>ent/Legal Guardian         | requisites.   |  | -   | d WITC courses scheduled outsic   | le student's normal sch | ool hours.*  |  |
| -  | -  |   |  |   | e the section below and attach w  |                         |              |  |
| authorize WITC   | to forward information rega  | rding the completion of   | this course to the sp  | onsor listed above  | Student Signature   |                         |              |  |