Fill out form, cut out and mail in an envelope to: Nicolet College, ATTN: CE Registration, P.O. Box 518, Rhinelander, WI 54501

NICOLET AREA TECHNICAL COLLEGE

Continuing Education Registration Form

PLEASE PRINT. ALL REQUESTED INFORMATION IS REQUIRED FOR ENROLLMENT.

Office Use Only

First Name ____ MI ____ Last Name ____ Social Security # or Nicolet Student ID # ____

Home Mailing Address ____ City ____ State ____ Zip ____

Phone: Home ____ Phone: Cell ☐ Work ☐ ____ County of Residence ____ Municipality of Residence (Township/Village/City) ____ Date of Birth ____ / ____ / ____

Gender: Male ☐ Female ☐ Email Address ____

THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT INFLUENCE COURSE ADMISSION.

Ethnicity: Are you Hispanic or Latino (regardless of race)? Yes ☐ No ☐

Race: (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Highest Educational Grade/Level Completed: 9 10 11 12 (includes GED/HSED) 13 14 15 16 (Bachelor's Degree) 16+

	Class Title	Class Number	Dates	Day(s)	Time	Location	Fee/Sr. Fee*
FEES ARE DUE WITH REGISTRATION **Senior Fees for person age 62+ are available for Continuing Education classes only*						**TOTAL FEES:**	

MAIL TO:
Nicolet College
Attn: CE Registration
PO Box 518
Rhinelander, WI 54501

Revised 6/10

PAYMENT METHOD: Check/Money Order (Payable to Nicolet College) ☐ MasterCard ☐ Visa ☐ Discover ☐

Card Account Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date: ___ ___/___ ___/___ ___

Verification Code: ___ ___ ___ ___ - ___ ___ ___ (from signature line on back of credit card)

Cardholder Signature: ____

FOR MORE INFORMATION:
Rhinelander: 715.365.4493 or 800.544.3039, ext 4493
Minocqua: 715.356.6753 or 800.585.9304