Credit Class Registration Form

PLEASE PRINT. ALL REQUESTED INFORMATION IS REQUIRED FOR ENROLLMENT.

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

Home Mailing Address ___________________________________________ City ___________________________ State ___________ Zip ________

Phone: Home _______ Phone: Cell ☐ Work ☐ Phone: Cell ☐ Work ☐ County of Residence ___________________________ Municipality of Residence (Township/Village/City) ___________ / ______ / ______

Date of Birth

Name of high school district in which you currently reside: ______________________________________________________________

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

Name of Last High School Attended __________________________________________ City/State ______________________________

Highest Grade Completed: ___________ Year of High School Graduation / GED / HSED: ___________

Highest Credential Earned:  ____ No credential  ____ GED  ____ HSED  ____ HS diploma  ____ Some college (postsecondary credit)  ____ Short-term diploma  ____ 1-year diploma  ____ 2-year diploma  ____ Associate degree  ____ Associate degree + additional credential  ____ Baccalaureate  ____ Higher than baccalaureate

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<th>Class Title</th>
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TOTAL FEES: _______________________  ______

PAYMENT METHOD   Check/Money Order (Payable to Nicolet College)   Master Card   Visa   Discover

Mail to:  
Nicolet College  
Attn: Welcome Center  
PO Box 518  
Rhinelander, WI 54501

Card Account Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __  Expiration Date: __ / __ / ______

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

Cardholder Signature: __________________________________________________________

FOR MORE INFORMATION:  
715/365-4493 or 800/544-3039, ext 4493

Revised 10/1