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 □ 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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<thead>
<tr>
<th>Class Title</th>
<th>Class Number</th>
<th>Dates</th>
<th>Day(s)</th>
<th>Time</th>
<th>Location</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
Rhineland, 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 10/14