



Continuing Education Registration Form

Please Print

Office Use Only

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

 Home Mailing Address City State Zip Code

 Phone - Home Phone: Cell Work Date of Birth County of Residence Township/Village/City of Residence

Gender Male Female Email Address(Required for receiving certificate of completion) _____

Agency _____

THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT AFFECT 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

Class	Section	Dates	Days	Time	City	Building/Room	Fee	Sr Fee
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FEES ARE DUE WITH REGISTRATION

* Senior Fees for person age 62+ are available for Continuing Education classes only

Fee Sr Fee

Total Fee:

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

MAIL TO:

Nicolet College
 Attn: CE Registration
 PO Box 518
 Rhinelander, WI 54501
 CE@nicoletcollege.edu

Card Account Number _____ Expiration Date: __ / __

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

Email registration form to: CE@nicoletcollege.edu

For More Information Call: 715.365.4544 or 800.544.3039 ext. 4544

If participant is under age 18, please sign below. Must be signed by parent or legal guardian.

I give permission for my son/daughter to enroll in the above class(es) at Nicolet College.

 Signature Date