

## 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 C	ode		
Phone - Home	Phone: Cell Work	// Date of Birth	/ <u></u> Coi	unty of Residence	dence Township/Village/City of Residence			esidence	
Gender: Male 🗌 Female	Email Address(Required for rec	eiving certificate of corr	pletion)						
Race: (Check all that apply	c or Latino (regardless of race)? Yes /) American Indian or Alaska Native[ Attended	Asian Black or A			aiian or other Pacific e			]	
•	Year of High School Grains No Credential GED HSED 2-year diploma Associate degree	 HS Diploma Som	e college (posts	-		-			
Class	Section Dates	Days	Time	City	Building/Room		Fee S	Sr Fee	
							\$	\$	
FEES ARE DUE WITH REGISTRATION Total Fe   * Senior Fees for person age 62+ are available for Continuing Education classes only Total Fe						otal Fee:	\$		
					If participant is under age 18, please sign below. Must be signed by parent or legal guardian.				
MAIL TO: Nicolet College C Attn: CE Registration PO Box 518	Card Account Number						on/daughter to enroll in		
Rhinelander, WI 54501 CE@nicoletcollege.edu	For More Information Ca	l: 715.365.4544 or 800.544.3039 ext. 4544		4544 -					
				S	ignature		L	Date	

Completed Registration Forms may be emailed to CE@nicoletcollege.edu