

Continuing Education Registration Form Please Print

| | | | | | Office Use Only | | | | |
|--|---|----------------------|---------------|----------------------|--|---|-------------|-------------|--|
| First Name | MI | Last Name | | | Nicolet Stu | Nicolet Student ID # or Social Security # | | | |
| Home Mailing Address | | | City | | | State | Zip Code | | |
| Phone - Home | Phone: Cell Work | / Date of Birth | / 1 | County of Resid | dence Township/Village/City of Residence | | | | |
| Gender: Male Female | Email Address(Required for rec | eiving certificate o | of completion | <u>)</u> | | | | | |
| Ethnicity: Are you Hispar | RMATION IS FOR STATE REPORT nic or Latino (regardless of race)? Yes oly) American Indian or Alaska Native | No D | | | | | | 7 | |
| Name of Last High School Attended City/S | | | | | | | | | |
| | d Year of High School Grad: d: No Credential GED HSED 2-year diploma Associate degree | HS Diploma | Some colle | | · | | _ · | | |
| ass | Section Dates | Days | Time | City | Building | /Room | Fee | Sr Fee | |
| | | | | | | | \$ | \$ | |
| FEES ARE DUE WITH REG * Senior Fees for person | GISTRATION a age 62+ are available for Continuing | Education classe | s only | | | Tota | l Fee: \$ | | |
| PAYMENT METHOD Ch | YMENT METHOD Check/Money Order (Payable to Nicolet College) MasterCard Visa Discover | | | | | If participant is under age 18, please sign below. Must be signed by parent or legal guardian. | | | |
| MAIL TO: Nicolet College Attn: CE Registration | Card Account Number Expiration Date: / | | | | I give permission for my son/daughter to enroll in | | | | |
| PO Box 518 Rhinelander, WI 54501 | Verification Code: | (from signa | ature line on | back of credit card) | the above class(es) at Nicolet College. | | | | |
| CE@nicoletcollege.edu | For More Information Ca | II: 715.365.4544 | or 800.544.3 | 8039 ext. 4544 | Signature | | | Date | |

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