



Continuing Education Registration Form

PLEASE PRINT

First Name _____ MI _____ Last Name _____ Social Security # or Nicolet Student ID # _____
 Home Mailing Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Phone: Cell Work _____ County of Residence _____ Municipality of Residence _____ Date of Birth _____ / _____ / _____
 Gender: Male Female _____ Email Address *Required if receiving Certificate of Completion _____ High School District of Residence _____

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 Highest Educational Grade Completed: _____
 Race: (Check all that apply)
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander No Credential GED HSED HS Diploma
 Black or African American White Some College Short-Term Diploma 1-Year Diploma 2-Year Diploma
 Associate Degree Associate Degree + Additional Credential Baccalaureate More than Baccalaureate

Class Title	Section Number	Dates	Location	Fee/Sr. Fee
TOTAL FEES:				

FOR MORE INFORMATION:
 Call 715.365.4544 or 800.544.3039 ext. 4544
MAIL TO:
 Nicolet College
 Attn: CE Registration
 PO Box 518
 Rhinelander, WI 54501

PAYMENT METHOD: Check/Money Order (Payable to Nicolet College) MasterCard Visa Discover
 Card Account Number: _____
 Expiration Date: _____ / _____ / _____
 Verification Code: _____ (from signature line on back of credit card)
 Cardholder Signature: _____

Social Security number is required if claiming a deduction for tax purposes (does not apply to Community Education classes). Revised 4/18