NICOLET COLLEGE

# Credit Class Registration Form

Office Use Only

***PLEASE PRINT. ALL REQUESTED INFORMATION IS <u>REQUIRED</u> 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

| | Class Title | Class Number | Dates | Day(s) | Time | Location | Fee |
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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
Rhinelander, 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 10/1