

Multiple Offender

Class Schedule | Spring 2012

Catalog Number: 42-818-410 | Crouse Fee: \$312.50

Start Date	End Date	Location	Class #	Days	Time	Follow-up Session
1/9/12	2/8/12	Green Bay	25340	M & W	5-7:40PM	5/7/12
2/7/12	3/8/12	Green Bay	25341	T & R	6-8:40PM	6/7/12
2/11/12	3/17/12	Green Bay	25432	Sat	8:30AM-2:40PM	6/16/12
3/12/12	4/11/12	Green Bay	25342	M & W	6-8:40PM	7/9/12
4/17/12	5/17/12	Green Bay	25343	T & R	6-8:40PM	8/16/12
5/21/12	6/25/12	Green Bay	25344	M & W	6-8:40PM	9/24/12

Mail registration form and payment to:
Northeast Wisconsin Technical College
 2740 West Mason Street, P.O. Box 19042
 Green Bay, WI 54307-9042

NWTC does not discriminate on the basis of age, race, color, disability, sex, national origin, or other protected class.

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Northeast Wisconsin Technical College | Registration Form

- Print all information using black ink only.
 - Please remit payment - Make checks payable to NWTC

Student Number		National ID (SS#)		Last Name		First Name		Middle Initial		Previous Last Name	
Street Address				City		State		Zip Code		<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant <input type="checkbox"/> Nonimmigrant</small>	
Area Code		Home Telephone		Legal Resident of:		County		<input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> Town		Required Government Statistical Information <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hispanic/Latino <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Native Hawaiian or other Pacific Islander	
Area Code		Work Telephone		Area Code		Cell Phone Number		Date of Birth		<input type="checkbox"/> High School <input type="checkbox"/> HSED <input type="checkbox"/> GED _®	
Education: Name of High School				City		State		H.S. Year Graduated		Highest Grade Completed	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Check 'Yes' if you are self identifying a disability.											
Class Number		Class Title		Catalog Number		Start Date		Class Fee			

For registration information,
 call (920) 498-5444 or
 toll-free (888) 385-NWTC.
 Out-of-state residents may be responsible
 for additional fees.

I certify that the information on this form is true to the best of my knowledge. **Signature** (required) _____ **Date** _____

Register online, visit our website at www.nwtc.edu