

Registration Form



E-Mail address of the Attendee (used for sending confirmation)

Date of Birth AND/OR Social Security Number AND/OR Student ID Number

Last Name First Name Middle Initial

Street Address City State Zip Code

Legal County of Residence Home Phone Work Phone

Name of High School City State Year Graduated Grade Completed Name of Employer/Company

Required Government Statistical Information Please Pick Appropriate Answer

- American Indian/Alaskan Native
- Asian
- Black, NOT Hispanic
- Hispanic
- White, NOT Hispanic
- Native Hawaiian/Other Pacific Islander
- No Response

Check One

- U.S. Citizen
- Immigrant
- Nonimmigrant

Check One

- Male
- Female

Cancellation Policy
Must be completed prior to class start date.
Departments will remain responsible for payment if not withdrawn before the class start date.

Class Title Start Date Fee

Class Number Catalog Number

REQUIRED BILLING INFORMATION

Name of Department Sponsoring Student

Street Address City State Zip Code

Contact Person's First and Last Name Phone Number

Contact Person

This authorizes NWTC to submit a bill for payment, for all specified fees related to the training and education of the student listed above. Out-of-state residents may be responsible for additional fees.

Enrollment/Billing Questions? Please contact Michele J. Petska at:
michele.petska@nwtc.edu
Phone: (920) 498-6976 | Fax: (920) 498-5673