

NORTHLAND COLLEGE

SPECIAL STUDENT REGISTRATION FORM

Registrar's Office, Ponzio Campus Center 2nd Floor Northland College Ashland, WI 54806 715.682.1227

Last Name												<input type="checkbox"/> Male		Outward Bound Course:			
First Name												M.I.					
Maiden Name												SSN					

Home address number & street	City	State	Zip	Home telephone
Email Address:				()

High school of graduation	City/State	Year	RACIAL HERITAGE 1) Select one of the following ___ Hispanic/Latino ___ Not Hispanic/Latino 2) Select all that apply from the following ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White	Birth date	Month/Day/Year
Bachelor's degree-school	City/State	Year		Country of citizenship	
Have you attended Northland College before: Yes No					

Fee and Payment Information	Tuition	_____	<i>If paying by credit card, call Northland College Business Office at 715-682-1269</i>
	multiply total # of cr	_____	
	TOTAL DUE	_____	

Course Selection	Northland Course	Credits
	_____	_____
	_____	_____

One grade report will be issued to you after the conclusion of the courses and mailed to the home address listed above.

By signing this form, I agree to pay the amount of tuition and all other charges assessed to my student account.

Student Signature