NORTHLAND COLLEGE

Special Student Registration Form

Required for students registering for five or less credits; if registering for more than five credits, please contact the Admissions Office.

Last Name

First Name M.I.

Maiden Name

___ Male
___Female

SSN# ___ — ___ — ___

This Registration is for:
__ Fall 2016-17
__ Winter 2016-17
__ May 2016-17

Local address number & street | City | State | Zip | Local telephone ( )

Home address number & street | City | State | Zip | Home telephone

Email Address: ( )

High school of graduation City/State Year

Bachelor's degree-school City/State Year

Have you attended Northland College before? □Yes □No
Are you pursuing a degree at Northland College? □Yes □No

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

Country of citizenship

Fee and Payment Information

Tuition _____

_____

TOTAL DUE _____

If paying by credit card call Northland College Student Financial Services Office at ***715-682-1269***

Course Selection

Course Dept./No.	Course Title	Credits	X if audit

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

_____
Student Signature

Student Financial Services Approval: _____

Notify student of registration: _____

4/11/2016