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

SSN# ___ — ___ — ____

___ Male
___Female

This Registration is for:
__ Fall 20___
__ Winter 20___
__ May 20___

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 ***715-682-1255***

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: _____

6/21/2016