NORTHLAND COLLEGE

SPECIAL STUDENT REGISTRATION FORM

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

Last Name

First Name M.I.

Maiden Name SSN ___ ___ ___ ___ ___ ___ ___ ___ ___

❑ Male
❑ Female

Outward Bound Course:

Course Dates:

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

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 _____

multiply total # of cr _____

TOTAL DUE _____

If paying by credit card, call Northland College Student Financial Services Office at 715-682-1255.

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