# SUMMER SPECIAL STUDENT REGISTRATION FORM

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

Last Name

First Name  M.I.

Maiden Name

ID #

❑ Male
❑ Female

**Summer 2004**

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

**RACIAL HERITAGE**
___White/Non-Hispanic
___Black/Non-Hispanic
___American Indian
___Asian/Pacific Islander
___Hispanic
___Mixed/Other

Birth date  Month/Day/Year

Country of citizenship

Have you attended Northland College before: ❑Yes ❑No

## Fee Payment/ Charges

| | |
|---|---|
| **Tuition** | |
| **Registration fee** | $20 |
| **Course Fees** | |
| (see Timetable) | |
| **Audit fee** | |
| **TOTAL** | |

***Please send full/partial payment with this form to the address above.***

***For questions regarding payment, please contact the* Business Office at 715-682-1352.**

## Course Selection

| CRN Number | Course Title | Credits | Check if audit |
|---|---|---|---|
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