

# STUDENT REGISTRATION FORM



Select a term: **Summer** \_\_\_\_\_ **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Year** \_\_\_\_\_

**Register by mail, fax or in person:**

Western Technical College, Attn: Registrar's Office, Welcome Center, 400 Seventh Street North, P. O. Box C-0908, La Crosse, WI 54602-0908  
 Phone: 608-785-9553 Fax: 608-785-9148 **(Please use black ink)**

Student ID# \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Disclosure of your social security number is voluntary. The Wisconsin Technical College System may request and use your social security number for record keeping and statistical purposes related to auditing, enforcing and evaluating Federally-supported education programs. (Federal law 20 U.S.C. 1232 g (1998)).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Name \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

**Circle one:** City, Village or Township of \_\_\_\_\_ Email Address \_\_\_\_\_

High School Last Attended (Name, City, State) \_\_\_\_\_

Date of High School Graduation (Month/Year) \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

**Did either of your parents complete a four year college degree or beyond?**  Yes  No

This information is collected to enhance programming efforts at Western and is voluntary.  
 Are you Hispanic or Latino, that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race? Yes \_\_\_ No \_\_\_  
 Select any groups that apply:  
 American Indian  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

Class # (5 digits)	Catalog # (8 digits)	Section # (4 digits)	Course Title	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**UNDER 18**  
 A person **under** age 18 must provide written permission from their parent or guardian to attend class. **A person under age 16 must also obtain permission from the instructor or division office before registering for a class.** Contact Enrollment Services to complete the under age 18 form.

**PAYING YOUR FEES**

**CREDIT STUDENTS** – Within 14 calendar days from the date of registration or before the first day of class, whichever occurs first, you **must either**

- a. Pay tuition in full **OR**
- b. Pay \$50.00 and submit a Credit Agreement Form to the Cashier's Office. This form and payment must be received in the Cashier's Office **each semester.**

**LIFELONG LEARNING STUDENTS: Payment due IN FULL at time of registration.**

**REFUNDS**

Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not you attend class. The refund for all classes is: 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting; 80% of refundable fees if less than 11% of total class meeting have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.

**If you choose to pay your registration fee by credit card, please provide the following information. (Use black ink)**

Student name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Type of card: \_\_\_ Visa \_\_\_ MasterCard Exp date \_\_\_\_\_ Amount \$ (if known) \_\_\_\_\_  
 Credit card number \_\_\_\_\_ CVV Code (V-Code) \_\_\_\_\_  
 (3 digit code located on the back of the card)