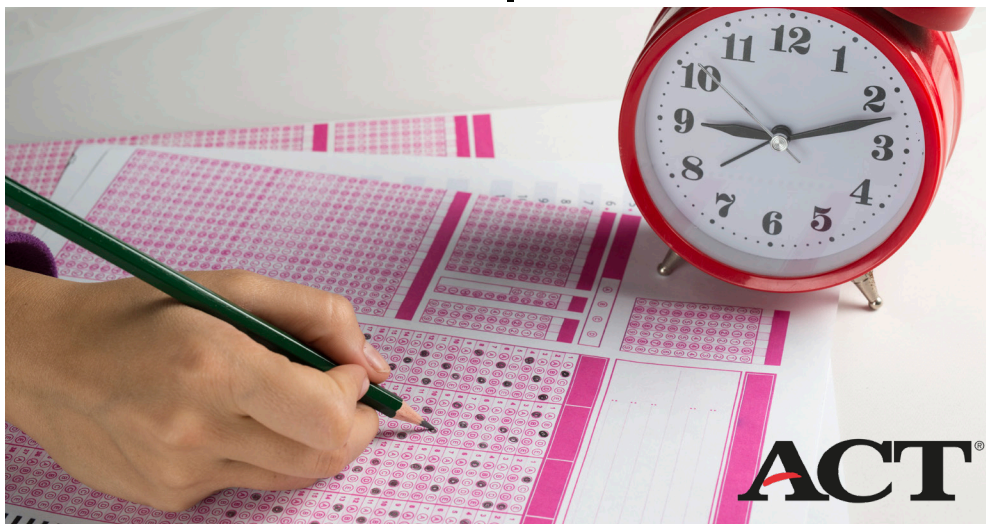




WISCONSIN
INDIANHEAD
TECHNICAL
COLLEGE

CONTINUING EDUCATION

ACT Prep | Fall 2020



Get ready to rock the ACT! Subjects in each session area - take one or all four. Sessions are recorded and can be emailed upon request.

WHEN

Session	Date	Time	Subject
1	Monday, October 12	6 – 8 p.m.	English
2	Tuesday, October 13	6 – 8 p.m.	Reading
3	Wednesday, October 14	6 – 8 p.m.	Math
4	Thursday, October 15	6 – 8 p.m.	Science

WHERE

Webinar sessions via our free conferencing app, BlueJeans. For more information visit: learningcommons.witc.edu/bluejeans

COST

\$32.28 per student (*cost is the same for one or all sessions*)

COURSE

65167

READY TO REGISTER?

Contact your local campus or visit bit.ly/witc_actprepfall2020



ONLINE
courses.witc.edu



PHONE
VISA, MasterCard, Discover



MAIL
Send registration & payment to your local WITC campus

WITC-Ashland
2100 Beaser Ave
Ashland, WI 54806
715.682.4591 ext. 3575

WITC-New Richmond
1019 S. Knowles Ave.
New Richmond, WI 54017
715.246.6561 ext. 4145

WITC-Rice Lake
1900 College Dr.
Rice Lake, WI 54868
715.234.7082 ext. 5045

WITC-Superior
600 N 21st Street.
Superior, WI 54880
715.394.6677 ext. 6050



REGISTRATION FORM

for Continuing Education (non-credit) Courses

WITC is an equal opportunity employer/educator.

Last Name _____ First Name _____ M.I. _____ Former Last Name (if applicable) _____ Date of Birth _____ Age 62+?

WITC Student ID No. _____ No student ID, or don't remember? Provide Social Security No. _____ I've taken classes at WITC in the past.

Email address (required for WITC alerts and important communication) _____ Home phone _____ Cell phone _____

Home address _____ City _____ State _____ ZIP _____

Resident of (check one): Township Village City County _____ School District where you live _____ Last high school attended _____ COMPLETED (K-12): _____

The information below is required for state and federal reporting purposes, and will be kept confidential.

Gender: Male Female Ethnicity: Hispanic/Latino origin? Yes No
Race (check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Highest Credential Earned
01 = No Credential 05 = Some college credit 08 = 2yr Diploma 11 = Baccalaureate
02 = GED 06 = Short-term diploma or certificate 09 = Associate Degree 12 = More than Baccalaureate
03 = HSED 07 = 1yr Diploma 10 = Associate Degree 99 = Student Declined/Unknown
04 = High School Diploma Plus Additional Credential

It is your responsibility to contact WITC to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify WITC prior to the first scheduled class meeting.

OFFICE USE ONLY	
Term: _____	
<input type="checkbox"/> 38.14 Contract # _____	
<input type="checkbox"/> Employer # _____	
Course Fees \$ _____	
Senior Fee \$ _____	
Other _____	
Received By/Ext. _____	
Date/Time _____	

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
65167		ACT Prep			
Once registered for a course(s), you have created a liability with WITC and a promise to pay.					TOTAL

PAYMENT METHOD: Check or money order payable to WITC Cash MasterCard Visa Discover Exp. Date _____ Security Code _____
 Agency Bill/Sponsored Registration - complete information below; attach required authorization Month / Year

Credit Card No. _____ Name on Card _____ Cardholder Signature _____

Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender
 Driver's License Number _____ Assessment Agency and Date _____

Youth Registration: With parent/guardian permission, students age 16 or younger can attend WITC courses scheduled outside student's normal school hours.*
 *Some courses may have minimum age prerequisites.
 Signature of Parent/Legal Guardian _____ Date _____

Sponsored Registration: If an agency or employer has agreed to pay your tuition, complete the section below and attach written authorization.
 Name of Business/Agency _____ EMS/Fire Sponsor _____
 I authorize WITC to forward information regarding the completion of this course to the sponsor listed above. _____
 Student Signature