

REGISTRATION FORM

Form must be completed in its entirety. Failure to provide all requested information may delay the processing of your request. Registration depends on availability of courses.

Legal Last Name _____	Prior Last Name _____	Legal First Name _____	Middle Name _____
Personal Mailing Address _____		Email _____	
City _____		State _____	Zip _____
(_____) _____	SS# _____ - _____ - _____	OR Student ID @00 _____	
Personal Phone Number _____	(optional)	(required if SS# is not provided)	
*NOTE: Your Social Security Number is kept secure and not shared with any other parties.			
Have you attended CVTC at any of our locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth _____ / _____ / _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township _____	County you reside in _____		
<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED	Date Completed _____		
Highest grade completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Over			
Last High School Attended _____		High School City _____	State _____ Zip _____

Course Title	Nine-Digit Course Number or CRN (Required)	Course Cost	Start Date

NOTE: We require either the CRN or the complete nine-digit course number.

Payment Options: (Payment or payment authorization must accompany this form.)
 Cash Check P.O. or Company/Agency Letter of Intent attached

Credit/Debit Card No. _____ / _____ / _____ / _____

Card Type: VISA MasterCard Discover Expiration Date _____ / _____

OPTIONAL: The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college. Please respond to all questions:
 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 the racial group or groups that apply to you:

American Indian or Alaska Native. A person whose ancestors include native peoples of North and South America (including Central American), and who maintains a tribal affiliation or community attachment.

Asian. A person whose ancestors include native peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person whose ancestors include any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander. A person whose ancestors include the native peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person whose ancestors include native peoples of Europe, the Middle East, or North Africa.

Employer Information (to contact during work hours):
 Employer Name _____ Employer Phone No. _____
 Employer Address _____ Date _____

Signature _____ Date _____

Mail to: Registration Office, Chippewa Valley Technical College, 620 West Clairemont Avenue, Eau Claire, WI 54701

Fax to: Registration (715-833-6470)