

COMMUNITY EDUCATION REGISTRATION



Return completed form with payment to:

Office of Admissions
P.O. Box 2000
Springdale, AR 72764
Fax: (479) 751-7780
Email: communityed@nwti.edu

The following information will be used for federal and state reporting requirements, not for admission consideration. All information will remain confidential.

Please Print Clearly

Social Security Number _____ Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ / _____ / _____ Maiden Name _____

Place of Birth (City) _____ State _____ Marital Status Married Single Divorced
 Separated Widowed

Permanent Address

Street, Apt., or P.O. Box _____ City _____ State _____ Zip Code _____

County _____ Email Address _____

Gender Male Female Home Phone _____ Cell Phone _____

American Indian or Alaskan Native Asian Black or African American White Hispanic or Latino
 Native Hawaiian or Other Pacific Islander

Are you a U.S. Citizen? Yes No If no, Country of Origin _____ Resident Alien Number _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Telephone _____ Cell Phone _____

Course Registration

Course Number	Course Name	Days	Starting Date	Ending Date	Time	Room

Payment

Tuition \$ _____ AR Rehab WIA Scholarship _____

Other Fees \$ _____ Visa MC # _____ Exp. _____

Total \$ _____ Name on Card _____

Date Paid _____ Tele # for cardholder _____

Cashier _____ Cash/Check # _____