



Non-Degree Student Course Registration Form

Name: _____
(Last) (First - Legal) (Middle Initial) (Student ID)

Address Information

(Street) (City) (St) (Zip)

Phone Number: (____) _____ - _____ E-Mail: _____

Previous SNC Enrollment: Have you ever taken a course through SNC before? ____ No ____ Yes
If, yes, when were you last enrolled? _____

|_|_|_| - |_|_| - |_|_|_|_| Date of Birth: _____ - _____ - _____
Social Security Number (Month) (Day) (Year)

The following information is used by SNC for federal reporting purposes and is required for registration.

Indicate Sex: ____ Male ____ Female

Indicate Ethnicity: ____ Not Hispanic or Latino ____ Hispanic or Latino

Indicate Race(s): ____ American Indian ____ Asian ____ Black or African American
(check one or multiple boxes) ____ Hawaiian/Pacific Islander ____ White

Course Enrollment Information: To register as an auditor (No Credit) indicate 0 credits and check Audit line

_ _ _ _	_____	_____	_____	_____
CRN	Course I.D.	Course Title	Credits	Audit
_ _ _ _	_____	_____	_____	_____
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I CONSENT TO RECEIVE ALL INFORMATION PERTAINING TO MY STUDENT ACCOUNT AT ST. NORBERT COLLEGE ELECTRONICALLY, INCLUDING THE BILLING STATEMENT AND 1098-T IRS FORM. I understand that when I register for any classes at St. Norbert College or receive any service from St. Norbert College I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement in which St. Norbert College is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay tuition, fees and other associated costs by the published due date. I acknowledge that I have read, agree and understand the St. Norbert College Registration Financial Agreement found at: <http://www.snc.edu/financedepartment/docs/RegFinancialAgreement.pdf>
By signing this form I hereby ACCEPT AND AGREE to the St. Norbert College Registration Financial Agreement terms and conditions.

Signature _____ Date _____
Please return this form to the Registrar's Office (141 Todd Wehr Hall) 100 Grant Street, De Pere, WI 54115, (920) 403-3949.



**St. Norbert College
Registrar's Office and Office of Student Judicial Affairs
Consent to Background and Reference Check
for Non-Degree Seeking Students**

This form must be on file in the Registrar's Office and the Office of Student Judicial Affairs at St. Norbert College by the deadline dates established for the first semester of your enrollment.

Student Section

I hereby authorize the Office of Student Judicial Affairs to conduct a disciplinary check which may include a public and/or educational records review including but not limited to State Circuit Courts and other institutions.

I understand that St. Norbert College reserves the right to deny course registration to a student based on the information received.

Signature

Date

Full Legal Name (print): _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

Current Address: _____
Street City, State Zip

Please submit form to the Office of Student Judicial Affairs:
Email: judicialaffairs@snc.edu
Mail: 100 Grant St, De Pere, WI 54115 .
Fax: 920-482-5666