



Non-Degree Student Course Request Form

Please print all information

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 optional and is used by SNC for federal reporting purposes.

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

____|____|____|____| _____ _____ _____
CRN Course I.D. Course Title Credits Audit

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 & 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 Office of Student Judicial Affairs before enrollment into non-degree courses.

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

Student Information

Full Legal Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number _____

Student Signature: _____ **Date:** _____

Please submit forms to the Registrar's Office

Email: registrar@snc.edu

Mail: Attention - Registrar's Office

100 Grant Street

De Pere, WI 54115