

Non-Degree Student Course Request Form (For students under 18)

Name:			
(Last)	(First - Legal)	(Middle Initial)	(Student ID)
Address Information			
(Street)	(City)	(St)	(Zip)
Phone Number: ()		E-Mail:	
Previous SNC Enrollment: If, yes, when were you last en		course through SNC	
- - - Social Security Nu		of Birth: (Month)	(Day) (Year)
The following info	rmation is optional and is us	ed by SNC for federal rep	oorting purposes.
Indicate Sex:N	ale Female		
Indicate Ethnicity: N	ot Hispanic or Latino	Hispanic or La	atino
	merican Indian awaiian/Pacific Islandei	Asian White	Black or African Americ
Course Enrollment Informa	tion: To register as an au	ditor (No Credit) indicate 0) credits and check Audit line
_ _ CRN Course I.I	D. Course Title		Credits Au
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I CONSENT TO RECEIVE ALL INFORMAT	ON PERTAINING TO MY STUDE	NT ACCOUNT AT ST. NORBERT	COLLEGE ELECTRONICALLY,

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/RegFinancial/Agreement.pdf

By signing this form I hereby ACCEPT AND AGREE to the St. Norbert College Registration Financial Agreement terms and conditions.



Parent/Guardian Responsibility and Consent for students under 18

This form is for all students under the age of 18. Students under 18 years old must have consent from a parent/guardian prior to enrollment at St Norbert College in non-credit courses as proof of financial responsibility and for electronic and automated communication.

Student Information

Last Name:	First Name:	Middle Name:	
College:		Student ID #:	
Parent/Guardian Information			
Parent/Guardian Name:	Relation to Student:		
Mailing Address:			
City:		Zip Code:	
Email Address:			
Phone Number:			
Social Security Number (Required f			

Financial Responsibility

As the parent/guardian of a minor student, I approve the enrollment in any St. Norbert College course for their high school career.

I UNDERSTAND AND CONSENT THE RECEIPT OF ALL INFORMATION PERTAINING TO MY STUDENT'S ACCOUNT AT ST. NORBERT COLLEGE ELECTRONICALLY, INCLUDING THE BILLING STATEMENT AND 1098-T IRS FORM. I understand that when my student registers for any classes at St. Norbert College or receives 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 students registration and acceptance of these terms constitutes a promissory note agreement in which St. Norbert College is providing my student 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 below I understand that I am responsible for all tuition, fees, and other associated costs that may be incurred related to my under 18 student's enrollment at St Norbert College

Student Signature:	Date:	
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Parent Signature:	Date:	