

Register me for Lambing Time Management Seminar Recorded Presentations 2018/2019 LWMP 2009

Non Degree Student Data Information – please print

Name:			Sex: Male	Female
Last	First	Middle Initial		
Social Security Number:	Birth date	: Month Day	Year	
Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number is voluntary. If you do not provide this number, your inquiry will still be processed. This data is requested for purposes of administration, program evaluation and consumer data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.				
Preferred Name (if different than above): Maiden/Former Last Name:				
Address:				
Street/Box/Rural Route	-	County	State	Zip
Home Phone Number: ()	Cell Pho	ne Number: (_)	
Email Address:				
Are you Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? □ yes □ no				
 Race and ethnic background (select any that apply) □ American Indian or Alaska Native – A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment □ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent □ Black or African American – A person having origins in any of the black racial groups of Africa □ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands □ White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa 				
High School Graduated/or Will Graduate From: Year of HS Graduation				
If you have not graduated, do you have a GED? () Yes () No Date of GED				
Tuition Status (check one) () Minnesota Resident				
Cost: \$184.23 includes all recorded presenta	ations (7 topics)		Signature	
Enclose check payable to Minnesota V	Vest CTC			
Mail to: Lamb & Wool Program Minnesota West Community & Techni PO Box 250	cal College	Stude	nt please sign he	ere
Pipestone, MN 56164-0250		Ins	tructor sign here	