

Printable Read-Only Institution Forms

Registration

First Name

Last Name

Title

Address 1

Address 2 (Optional)

City

State

ZIP Code

Phone

Extension (Optional)

Fax (Optional)

3077546416

E-mail Address

brian.erickson@nwc.edu

Comment

** Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.*

General Information

Institution Name : Northwest College

Address 1

Address 2 (Optional)

City

State

ZIP Code

Phone

Extension (Optional)

Institution Name Alias (Optional)

Athletic Department

Athletic Director Name

Address 1

Address 2 (Optional)

City

State

ZIP Code

Phone

Extension (Optional)

NCAA Division III without
Football
Update Status

NCAA Division II

Date Completed: 10/1/2025

Updated