



EARLY COLLEGE REGISTRATION FORM

31 College Dr, Concord, NH 03301

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 Registrar's Office (603) 230-4014 – Fax – (603) 230-9314 – nhtiregistrar@ccsnh.edu

Student ID: _____ Semester: _____ Fall _____ Spring _____ Summer _____ Year: _____

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ *Social Security #: _____

*For compliance purposes, the Community College System of New Hampshire and its Colleges collect names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will exercise due diligence to protect the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.

Federal Governmental Statistical Information (Optional): Sex: ___F___M Date of Birth: ___/___/___

Ethnic Background: ___Hispanic or Latino___Not Hispanic or Latino

Select one or more races: ___American Indian/Alaskan___Asian___Black or African American___Native Hawaiian/Pacific Islander___White

CRN#	COURSE # & SECTION	COURSE TITLE	CREDITS

Tuition for Early College is \$322.50 for a 3 credit course and \$430 for a 4 credit course; books and supplies are not included.

Financial Obligation Statement -- I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

NHTI Refund Policy -- Students who officially withdraw from NHTI or an individual course by the end of the fourteenth (14th) calendar day of the semester will receive a 100% refund of tuition, less nonrefundable fees. Students in classes that meet in a format shorter than the traditional semester (15- 16 weeks) will have seven (7) calendar days from the designated start of the alternative semester to withdraw for a full refund, less non-refundable fees. If the seventh (7th) or fourteenth (14th) calendar day falls on a weekend or holiday, the drop refund date will be the first business day following the weekend or holiday. Exception: students in courses that meet for two weeks or fewer must drop by the end of the first day of the class in order to receive a 100% refund, less non-refundable fees. [Please note that certain fees are non-refundable. Non-refundable fees are defined as advance tuition deposits, admission application fees, residence hall room deposits, payment plan fee, orientation fees. All other fees are to be considered refundable. This includes, but is not limited to academic instruction fees, lab fees, comprehensive student services fees, and the Nursing, Dental, and Diagnostic Medical Imaging Program clinical surcharges.

I acknowledge that the Governor's STEM scholarship is subject to change, and agree that I am responsible for all tuition and fees that are not paid for by the Governor's STEM scholarship.

Student Signature **Date** **Parent/guardian signature** **Date**
 (Required if student is under 18)

METHOD OF PAYMENT	
<p>Credit Card if paying in FULL (please note a 2.75% convenience fee will be charged):</p> <p>Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover</p> <p>Name on credit card: _____</p> <p>Acct #: _____</p> <p>Exp Date: _____ Phone: _____</p> <p>Billing Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Signature: _____</p>	<p><input type="checkbox"/> Cash (do not mail) <input type="checkbox"/> Check Attached Payable to: NHTI, Concord's Community College</p> <p><input type="checkbox"/> The Governor's STEM Scholarship: <i>Students from participating NH high schools may be eligible for a scholarship equal to 2 CCSNH dual enrollment (Early College, Project Lead the Way, Running Start) courses per academic year in designated STEM field courses.</i></p> <p>Payment is due at the time of registration.</p> <p>Registration will NOT be processed if you have an outstanding obligation to CCSNH. Upon registration, you are enrolled unless otherwise notified. No confirmation will be mailed. Classes are subject to change. Students need to check the SIS for their schedules, classroom location(s), grades, semester charges, student email account, etc.</p>