



**COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE  
TUITION BENEFIT AUTHORIZATION FORM**

**EMPLOYEE INFORMATION**

<b>EMPLOYEE NAME:</b> _____	<b>POSITION TITLE:</b> _____
<b>HOME INSTITUTION:</b> _____	<b>DATE OF FULL-TIME HIRE:</b> _____
<b>VERIFICATION OF EMPLOYMENT:</b> _____ <b>DATE:</b> _____	
Signature of CCSNH Human Resources or College President	

**DEPENDENT INFORMATION (if applicable)**

<b>DEPENDENT NAME:</b> _____	<b>RELATIONSHIP TO EMPLOYEE:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child
<b>DEPENDENT DATE OF BIRTH</b> _____		
Is the child unmarried?	Yes <input type="radio"/> No <input type="radio"/>	
Was the child listed as an exemption on the Employee's or Spouse's/Civil Union Partner's most recent income tax return?	Yes <input type="radio"/> No <input type="radio"/>	
Does the child rely on the employee for more than half of their financial support during the calendar year?	Yes <input type="radio"/> No <input type="radio"/>	
I certify that the above information is true and correct.		
_____ Employee Signature	_____ Date	

**COURSE INFORMATION**

**CCSNH COLLEGE AT WHICH COURSE(S) WILL BE TAKEN** \_\_\_\_\_

COURSE DEPT/#	PROGRAM/COURSE(S) DESIRED: COURSE TITLE	SEMESTER (Beginning Month/Year)

**APPROVAL BY PRESIDENT OR DESIGNEE OF CCSNH COLLEGE OFFERING THE COURSE(S):**

SIGNATURE _____	DATE _____
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**CERTIFICATION**

I understand that by registering for course(s) at a CCSNH College, I am financially obligated for tuition or any associated fees, if applicable. 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 a collection agency. I also understand that I will be responsible for the costs of collection on my account, including any collection agency, legal, and/or returned check fees under RSA 6:11, which may add significant costs to my account balance.

Dependent Signature (if applicable) _____	Date _____	Employee Signature _____	Date _____
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*A registration form must accompany this request. This approval must be presented to the cashier of the Business Office with proper form of identification when registering for course(s).*