

Tuition Discount Authorization Form

Employee Information:

Employee Name:	Position/Title:
CCSNH Institution:	
Date of Hire:	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Employment verification to be done by CCSNH or College Human Resources Officer

Human Resources Signature:	Date of Verification:
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Dependent Information (if applicable):

Dependent Name:	Dependent Date of Birth:
Relationship to Employee (check one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child
Is the child unmarried	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child listed as an exemption on the Employee's or Spouse's/Civil Union Partner's most recent income tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child rely on the employee for more than half of their financial support during the calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the above information is true and correct.

Employee Signature	Date
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Course Information:

CCSNH College at which course(s) will be taken:		
Course Prefix and Number	Course Title	Semester and Year

Approval by the Finance Officer of CCSNH College offering the course(s):

Signature	Date
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Certification

I agree that by registering for course(s) 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.

Employee Signature	Date
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Dependent Signature (If applicable)	Date
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**Part-time Employees must be appointed to a position at 18.75 hours or more per week. A registration form must accompany this request. This approval must be presented to the cashier of the Business Office with the proper form of identification when registering for course(s).*