

WHITE MOUNTAINS COMMUNITY COLLEGE COURSE REGISTRATION FORM

www.wmcc.edu

Term: Summer ___ Fall ___ Spring ___

_____/_____/_____
 Social Security Number First Name MI Last Name

MAILING
 ADDRESS: _____

Street/RFD/Box _____ Major _____

City/Town _____ State _____ Zip _____ Home Phone _____ Business Phone _____

_____ Email _____

 _____ **Nelnet Payment Plan (Connect to the e-Cashier Web Site through www.wmcc.edu)**
 _____ Company Billing (Attach signed authorization letter on company letterhead) my employer, _____,
 agrees to pay for course(s). I understand that if, for any reason, my employer does not remit tuition or other
 fees, all expenses are my responsibility. Initials _____.

For Statistical Purposes Only

Birth Date: _____		ETHNIC BACKGROUND – For Fed/Govt Statistics	
Male _____	NH Resident _____	Black-Non-Hispanic _____	White Non-Hispanic _____
Female _____	Non-Resident _____	Asian-Pacific Islands _____	Non-Resident Alien _____
		Hispanic _____	Am. Indian/Alaskan _____
Non-Veteran _____	Veteran _____	Currently Guard/Reserve _____	State Employee _____

CRN	Course#	Section	Course Title	Credits	Campus

Students must complete and submit in writing the official college withdrawal form to be eligible for a refund. Student who officially withdraw from the college or an individual course by the end of the eighth (8th) calendar day of the semester will receive a 100% refund of tuition, less non-refundable fees. Students registered for workshops must withdraw in writing at least three (3) days prior to the first workshop session in order to receive a full refund of tuition and fees.

I understand by registering for courses at WMCC, I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I understand 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 understand that I will be responsible for the costs of the outside collection agency, any legal fees, and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.

 STUDENT SIGNATURE DATE ADVISOR SIGNATURE DATE