WHITE MOUNTAINS COMMUNITY COLLEGE

2020 Riverside Drive, Berlin, NH 03570
(603) 752-1113 Phone (603)752-6335 Fax www.wmcc.edu

Term: Summer___ Fall___ Spring___

Registration Form

_____ _____
*Social Security Number First Name Middle Initial Last Name

ADDRESS: _____ City _____ State _____ Zip _____

_____ _____ _____
Phone Email Major

*Federal law requires that WMCC collect names and corresponding social security numbers for all students attending the college. The college is required by the Internal Revenue Code to produce a 1098-T tax form (26 U.S.C.A. Section 6050 or Federal Register, Vol. 67, No.2244, page 777686(ii)) which requires the college to report the names and social security numbers of all students taking credit-bearing courses. Please note, that the college will ensure 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.

FOR ALL CREDIT CARD PAYMENTS call 1-800-445-4525 or (603) 752-1113 Ext. 3055

_____ **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 _____.

Federal Governmental Statistical Information (optional):

Birth Date: _____ **Sex:** Male ___ Female ___ **Residency:** NH____ Other ____

ETHNIC BACKGROUND: Hispanic/Latino___ Not Hispanic/Not Latino___
RACE: American Indian/Alaskan Native__ White__ Asian__ Native Hawaiian/Pacific Islander__ Black/African American__

Veteran____ Currently Guard/Reserve ____ State Employee ____

CRN	Course#	Section	Course Title	Credits	Campus

Refund Policy--Students must complete and submit in writing the official college withdrawal form to be eligible for a refund. Students who officially withdraw from the college or an individual course by the end of the fourteenth (14^{th}) calendar day of the semester will receive a 100% refund of tuition, less non-refundable fees. This policy applies to all semester length and alternative semester formats. 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 get a 100% refund. 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.

Financial Obligation Statement --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