

Course Term:	(Please circ	cle one of the foll	lowing.) Y	ear long Fa	ll Spring	Date:		
Social Security Number* First Name		MI Last Name						
MAILING								
ADDRESS:Street/RFD/Box				Home Telephor	ne			
City/Town State		State	Zip E-Mail Ad		E-Mail Address	ddress		
High School				High School CH	EEB Code			
Birth Date:       For Statistical Purposes Only         ETHNIC BACKGROUND – For Fed/Govt Statistics								
Male       Female       Black – Non Hispanic       White Non-Hispanic         Asian-Pacific Islands       Non-Resident Alien         Hispanic       Am. Indian/Alaskan								
Course Ref.# Course#			Course Title			Cre	dits Tuition	
<ul> <li>Check payable to White Mountains Community College Enclosed</li> <li>Credit Card payment, information below</li> <li>Credit Card payment, information below</li> <li><i>Please note, effective May 1st 2018, a 2.75%</i></li> <li><i>processing fee will be charged for all payments made via credit/debit card.</i></li> </ul>								
Credit Card # / MC Visa Discover Exp. Date: I understand that this is my official Registration. I also understand that 100% refund will be granted if requested on								
	•	n prior to the clos						
STUDENT SIGNATURE		DATE	PARENT	SIGNATURE DATE				

\*Federal law requires that White Mountains Community College 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 6050S 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, however, 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, regulations or applicable policies.

**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.