



LAKES REGION COMMUNITY COLLEGE
REGISTRATION FORM

(603) 524-3207 • www.lrcc.edu • Fax (603) 524-8084

Term: Fall [checked]

NH Resident ___ Non-Resident ___ Veteran ___

Social Security Number* / First Name MI Last Name

*Federal law requires that LRCC 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...

Permanent Mailing Address Major

City/Town State Zip Home Phone Business Phone

Email Date of Birth

*Has your address/phone or email changed since your last registration? [] Yes [] No

METHOD OF PAYMENT:
[] Check Attached Payable to: LRCC
[] Bill my company or a third party agency
(Authorization letter must be attached to be registered)
[] FACTS Payment Agreement
[] Financial Aid Award Letter Received
[] Credit Card: [] Master Card [] VISA [] Discover
Acct #: _____
Expiration Date: _____ CVV2 Code: _____

FOR FEDERAL STATISTICAL PURPOSES ONLY (Optional)
[] White Non-Hispanic
[] Black Non-Hispanic
[] Hispanic
[] Asian
[] American Indian/Alaskan Native
[] Non-Resident Alien
[] Other/Multi-Ethnic _____
[] Native Hawaiian/Pacific Island

Table with 5 columns: CRN, Course#, Section, Course Title, Credits. Credits column contains N/A.

Students who officially withdraw from the college or an individual course with the Registrar's Office by the end of the eighth (8th) 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. Students in classes which begin after the designated start of the semester (e.g. a mid-semester start) will have 8 calendar days from the start of the class to withdraw for a full refund. 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.

I understand by registering for courses at LRCC, 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.

POLICY CHANGE NOTICE: STUDENTS WHO HAVE NOT MADE PAYMENT ARRANGEMENTS 10 CALENDAR DAYS PRIOR TO THE START OF THE SEMESTER (OR ALTERNATIVE TERM START DATES), WILL BE DROPPED FROM THE CLASS ROSTER EFFECTIVE SPRING SEMESTER 2008.

STUDENT SIGNATURE (Required)
(Parent/Guardian must sign if under 18)

ADVISOR SIGNATURE (Required)

For Office Use Only

Date Received: _____ Received By: _____ Processed: _____

Original: Registrar

Yellow: Business Office

Pink: Student

Goldenrod: Advisor