



### Registration Form

Office of the Registrar  
379 Belmont Road, Laconia, NH 03246  
Phone: (603) 524-3207 Fax: (603) 524-8084  
Email: [lccregistrar@ccsnh.edu](mailto:lccregistrar@ccsnh.edu)

Term: Summer \_\_\_ Fall \_\_\_ Winter ASEP/Toyota \_\_\_ Spring

NH Resident \_\_\_ Non-Resident \_\_\_

STUDENT ID FIRST NAME MIDDLE NAME LAST NAME

Check here if this is a change in name, address, email or phone.

Prior Name(s): \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ \*Last 4 digits of SSN: \_\_\_\_\_

\*For compliance purposes, the Community College System of New Hampshire and its Colleges collect names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will exercise due diligence to protect 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.

Federal Government Statistical Information (Optional) Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  Female  Male

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Veteran?

Select one or more races:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

CRN	Course#	Section	Course Title	CR
24155	NCWK 9000L	C2	Building Analyst Energy Auditor \$1,200	N/A
24156	NCWK 9003L	C2	BPI Written BA Test \$300	N/A
24157	NCWK 9005L	C2	BPI Field BA Test \$500	N/A

**Tuition Refund Policy:** Students who officially withdraw from the college or an individual course by the end of the fourteenth (14<sup>th</sup>) calendar day of the semester will receive a 100% refund of tuition, less non-refundable fees. Students in classes that meet in a format shorter than the traditional semester (15-16 weeks) will have seven (7) calendar days from the designated start of the class to withdraw for a full refund. If the seventh (7<sup>th</sup>) or fourteenth (14<sup>th</sup>) calendar day falls on a weekend or holiday, the drop refund date will be the first business day following the weekend or holiday. 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 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. Students who have not made payment arrangements 14 calendar days prior to the start of the semester (or alternative term start dates) may be dropped from the class roster.

**Registration will NOT be processed if you have an outstanding obligation to LRCC. Upon registration, you are enrolled unless otherwise notified. No confirmation will be mailed. Classes are subject to change. Students need to check the SIS for their e-bills, schedules, classroom location(s), grades, financial aid information, student email account, etc.**

**Terms of Use (electronic signatures):** The Community College System of New Hampshire (CCSNH) uses electronic signatures and records in place of traditional ones whenever possible. You will conduct business electronically with CCSNH using a computer with a supported operating system and internet browser, sufficient electronic storage capacity, a printer and your official CCSNH email account. By logging into CCSNH systems, including but not limited to Banner SIS and Canvas, you are opting to conduct electronic transactions with the Community College System and consenting to receive written notices electronically, including those involving financial obligations, and you are acknowledging that CCSNH can use electronic mechanisms alone to convey critical information related to your admission, financial aid, payment plan, student account, transcript information, registration and other activities and accounts you may undertake or have as a student at CCSNH. You have a right to request a paper copy of an electronic record. You may withdraw your consent at any time by contacting Student Services. If you decide to withdraw your consent, however, you may be prevented from registering for classes

\_\_\_\_\_  
Student Signature (Parent/Guardian must sign if under 18) Date N/A Advisor Signature Date

For Office Use Only: Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Processed: \_\_\_\_\_  
3/31/2021