LAKES REGION Community College

REGISTRATION FORM

(603) 524-3207 • www.lrcc.edu • Fax (603) 524-8084
379 Belmont Road Laconia New Hampshire 03246

Term: Summer ___ Fall ___ Spring/Winterim ___ Winter ASEP ___ 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: _____ *Social Security: _____

*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 ☐ Veteran

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

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	Credits

Tuition Refund Policy: Students who officially withdraw from the college or an individual course by the end of the fourteenth (14th) 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 (7th) or fourteenth (14th) 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.

Student Signature (Parent/Guardian must sign if under 18) **Date** **Advisor Signature** **Date**

For Office Use Only: Date Received: _____ Received by: _____ Processed: _____ Rev 4/18

METHOD OF PAYMENT

Credit Card if paying in FULL enter below or go to at LRCC.edu, Business Office.

***Credit/Debit cards will be assessed a 2.75% fee. ***

Card Type: ☐ Master Card ☐ VISA ☐ Discover CVV #_____

Name on credit card: _____

Acct #: _____

Exp Date: _____ Phone: _____

Billing Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

☐ Cash (do not mail) ☐ Check Attached Payable to: LRCC

☐ Financial Aid Award Letter Received ☐ Nelnet Online Payment Plan

☐ Company or a Third Party Agency Billing (Attach Authorization Letter)

Tuition and Fees are due 14 days prior to the start of the semester. If payment or payment arrangements have not been made, students may be dropped from classes.

Payment plan is available on the Student Information System (SIS) by clicking the view and pay account link. For more information, please contact the Business Office at (603) 366-5245 or LRCCBusinessOffice@ccsnh.edu.

Tuition and fees are subject to change without notice.