

Registration Form

Office of the Registrar 379 Belmont Road, Laconia, NH 03246 Phone: (603) 366-5235 Fax: (603) 524-8084

Email: lrccregistrar@ccsnh.edu

CTUDENT					
STUDEN	T ID		FIRST NAME	MIDDLE NAME	LAST NAME
Check here if this i	is a change in name,	address, ema	ail or phone.		
Prior Name(s):				Major:	
Address:			Cit	<i>y</i> :	State:Zip:
Home Phone:			Cell:		_Work:
Email:				*Social Security:	
requires the college to prod student's social security nur Federal Governme What is your ethni	uce a 1098-T tax form. The mber and will not disclose it ent Statistical Infor icity? Hispanic o	e college's use of state of st	social security numbers will be limite de the college, except as authorized l ptional) Date of Birth: Not Hispanic or Latino	ed to legitimate educational purposes. The college will by federal or state laws or applicable policies. Sex: Female Veteran?	ding the college. For example, the Internal Revenue Code Il exercise due diligence to protect the security of the Male ive Hawaiian or Pacific Islander White
CRN	Course#	Secti		Course Title	CR
CKIN	Course#	Secti	UII	Course Title	CR
			aw from the college or an ir	ndividual course by the end of the fourt	eenth (14 th) calendar day of the semester will
	m the designated sta	rt of the class	s to withdraw for a full refu	t meet in a format shorter than the tradi nd. If the seventh (7 th) or fourteenth (14	tional semester (15-16 weeks) will have seven (th) calendar day falls on a weekend or holiday,
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