



# WHITE MOUNTAINS COMMUNITY COLLEGE

2020 Riverside Drive, Berlin, NH 03570

(603) 752-1113 Phone (603)752-6335 Fax [www.wmcc.edu](http://www.wmcc.edu)

Term: Summer \_\_\_ Fall \_\_\_ Spring \_\_\_

## Registration Form

\*Social Security Number \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Major \_\_\_\_\_

\*Federal law requires that WMCC 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 6050 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, 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 or applicable policies.

\_\_\_ **Make a Payment** (Log on to the Student Information System (SIS) through [www.wmcc.edu](http://www.wmcc.edu))

\_\_\_ **Nelnet Payment Plan** (Connect to the e-Cashier Web Site through [www.wmcc.edu](http://www.wmcc.edu))

\_\_\_ **Company Billing** (Attach signed authorization letter on company letterhead) my employer, \_\_\_\_\_, agrees to pay for course(s). I understand that if, for any reason, my employer does not remit tuition or other fees, all expenses are my responsibility. Initials \_\_\_\_\_.

**Have you ever served in the U.S. Armed Services?** Yes \_\_\_ No \_\_\_

**Are you planning to use VA Education Benefits?** Yes \_\_\_ No \_\_\_ If yes, which VA Chapter will you be using? \_\_\_\_\_

### Federal Governmental Statistical Information (optional):

**Birth Date:** \_\_\_\_\_ **Sex:** Male \_\_\_ Female \_\_\_ **Residency:** NH \_\_\_ Other \_\_\_

**ETHNIC BACKGROUND:** Hispanic/Latino \_\_\_ Not Hispanic/Not Latino \_\_\_

**RACE:** American Indian/Alaskan Native \_\_\_ White \_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Black/African American \_\_\_

CRN	Course#	Section	Course Title	Credits	Campus

**Refund Policy**--Students must complete and submit in writing the official college withdrawal form to be eligible for a refund. Students who officially withdraw from the college or an individual course by the end of the 14th calendar day for full semester courses and 7th calendar day for alternate semester formats, will receive a 100% refund of tuition, less non-refundable fees. 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.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_