Registrar's Office P: 603-230-4014 F: 603-230-9314 NHTIregistrar@ccsnh.edu High School Outreach P: 603-230-4029 F: 603-230-9314 mbograd@ccsnh.edu

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Concord'	s Comn	nunity	College

Early College Registration Form

Fall

Spring

Year

Summer

ull Name	(first, middle, last)						
Address	,	-					
	Street		City		State	ZIP	
Phone	Home	Work		Cell			
mail				SSN*	XXX-XX-		
	*For compliance purposes, CCS	H email to be used for all college communicat NH and its colleges collect names and SSNs f ge will exercise due diligence to protect stude le policies.	rom all students attending the colleg				
ederal Go Ethnic Bao Select Rao		Are you Hispanic or Latino?	Male Female Yes No Black/African American	Date of B	irth: vaiian/Pacific	Islander White	
CRN	Course # and Section	Course Tit	tle and Description		Credits	Tuition and Fees	
I, I agree the credit maximum ccount bal IHTI Refun conrefundate mester to be weekene Please notes the credit and the count bal IHTI Refun consequence weekene please notes to be weekene please notes the count of t	nat I will be responsible for all char t bureau and/or turned over to and of 35% and all additional costs and ance. d Policy: Students who officially we ble fees. Students in classes that o withdraw for a full refund, less no d or holiday. Exception: Students is e that certain fees are nonrefunda	y registering for courses within CCSNH. I am figes as noted in the student catalog and hand outside collection agency. I also agree to pay find expenses, including any protested check fewithdraw from NHTI or an individual course by meet in a format shorter than the traditional stronger fundable fees. If the 7th or 14th calendar on a courses that meet for 2 weeks or fewer musble. Nonrefundable fees are defined as advantidable. This includes but is not limited to acad	book. I further understand that if I do for the fees of any collection agency, es, court filing costs, and reasonable the end of the 14th calendar day of the mester (15-16 weeks) will have 7 ca day falls on a weekend or holiday, the tid rop by the end of the first day of coet utition deposits, residence hall rocet to the control of the control of the control of the first day of control of the first day of control of the co	not make pays which may be attorney fees, ne semester w lendar days fr drop refund d ass to receive m deposits, pa	ment in full, my based on a per which will add sill receive a 100 om the designat ate will be the fire a 100% refund, ayment plan fee	account may be reported centage of the debt up to significant costs to my % refund of tuition, less ed start of the alternative rst business day following less nonrefundable fees. s, and Accuplacer test	
Student signature				Date			
Parent/guardian signature				Date			
		Paymen	t Method				
Credit ca Card typ Name o	n card	vinvenience fee will be charged) Uisa Discover	Cash (do not mail) Check, Payable to: N	HTI – Conco	ord's Commun	ity College	
Exp date		Phone	Payment is due at the time of registration. Registration will not be processed if you have an outstanding obligation to CCSNH. 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 schedules, classroom location(s), grades, semester charges, student email account, etc.				