RIVER VALLEY COMMUNITY COLLEGE
One College Drive – Claremont, NH 03743-9707
438 Washington Street – Keene, NH 03431

REGISTRATION FORM – SPRING SEMESTER 2012

(Complete all items. Please print clearly and sign in ink at bottom)

_____ _____

SS# (*ID purposes only) **Last Name** **First Name** **Middle Initial**

(*Federal law requires that River Valley Community College 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, however, 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.)

Program Major:_____ **Anticipated Graduation Year:**_____

Mailing Address:_____ **Street Address:**_____

City:_____ **State:**_____ **Zip:**_____ **E-Mail Address:**_____

Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

[ ] Check here if this is a change in address, phone, or e-mail.

Federal Governmental Statistical Information (Optional): **Date of Birth (MM/DD/YY):**_____ **Sex:** __Female __Male **US Citizen:** __Yes __No
Permanent Residence: ___NH Resident ___NERSP ___US Resident ___Foreign Country
Military: Veteran: ___Yes __No **Disabled Vet:** ___Yes __No **Active Duty:** ___Yes ___No **GI Bill:** ___Yes __No
Ethnicity: ___Hispanic or Latino ___Not Hispanic or Latino
Race: ___White ___Black/African American ___American Indian/Alaska Native ___Asian ___Native Hawaiian/Pacific Islander

CRN#	COURSE # & SECTION	COURSE TITLE	LOCATION	CREDITS

TOTAL CREDITS:_____

I certify that I reside at the address provided above. I have met any prerequisite and/or corequisite courses that may be required for any of the above courses. (Attach transcript or grade report if prerequisite/corequisite courses taken off-campus.) (See back of this form if registration waivers are necessary.) I accept responsibility for the selection of and payment for the courses as indicated above. I have read and understand the Refund/Withdrawal Policy. **NOTE: I understand that I must fulfill my financial obligation two weeks (January 9) before the first day of class, or my registration will be voided and my classes deleted.** (See payment options below.) I understand by registering for courses at RVCC, I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I understand 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 understand that I will be responsible for the costs of the outside collection agency, any legal fees, and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.

_____ _____ _____ _____

Student Signature **Date** **Program Director/Advisor Signature** **Date**

(Parent/guardian must sign if under 18)

METHOD OF PAYMENT:

[ ] Check attached - payable to "CCSNH" (Community College System of NH).
For amount due, contact Business Office at (603) 542-7744 ext. 5304.
[ ] Bill my company/agency. Attach company/agency authorization to this registration form.
[ ] E-Cashier (On-line credit card payment option thru College website: rivervalley.edu)
[ ] NBS Payment Plan Agreement (Under "E-Cashier" thru College website: rivervalley.edu)
[ ] Financial aid award letter and deferment form submitted.
[ ] Charge to my credit card: Amount: $_____ [ ] VISA [ ] MasterCard [ ] Discover
Account #:_____ Expiration Date:_____

Signature:_____

NOTE: STUDENTS REGISTERING ON OR AFTER JANUARY 9 MUST ATTACH PROOF OF PAYMENT OR APPROVED PAYMENT ARRANGEMENTS WITH THE REGISTRATION FORM.