



1 College Place – Claremont, NH 03743-9707  
 438 Washington Street – Keene, NH 03431  
 15 Hanover Street – Lebanon, NH 03766

**REGISTRATION FORM – SPRING SEMESTER 2019**

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

A \_\_\_\_\_  
 Student ID# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Program Major: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 \*Social Security #: \_\_\_\_\_ [ ] Check here if this is a change in address, phone, or e-mail.

\* Federal law requires that RVCC 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.

Federal Governmental Statistical Information (Optional): Sex: \_\_\_F \_\_\_M Have you ever served in the military? \_\_\_ Yes \_\_\_ No  
 Ethnic Background: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino US Citizen: \_\_\_ Yes \_\_\_ No Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Select one or more races: \_\_\_ American Indian/Alaskan \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ White

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 were 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 before the start of the semester (deadline is January 7), or my registration will be voided and my classes deleted.** (See payment options below.) 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. (Effective 4-1-14)

\_\_\_\_\_  
 Student Signature Date Program Director/Advisor Signature Date  
 (Parent/guardian must sign if under 18)

**METHOD OF PAYMENT**

\_\_\_\_\_ Cash \_\_\_\_\_ Check or Money Order Attached (Payable to "CCSNH") \_\_\_\_\_ Financial Aid Award Letter Received  
 \_\_\_\_\_ Nelnet Online Payment Plan (e-cashier) \_\_\_\_\_ Company or Third Party Agency Billing (Attach authorization letter)

To pay with a Visa, MasterCard or Discover Card please call the Business Office at 603-542-7744 ext. 5304. You may also pay via your SIS account at [www.rivervalley.edu](http://www.rivervalley.edu) and select Student Resources.

Tuition and fees are due on or before January 7. RVCC does not send paper bills or schedules. Upon registration, you are enrolled unless otherwise notified. No confirmation will be mailed. Classes are subject to change. Students should check the RVCC website ([www.rivervalley.edu](http://www.rivervalley.edu)), select Student Resources, and select Student Information System (SIS) for their e-bills, classroom location(s), schedule, grades, financial aid information, student email accounts, etc.



STUDENT: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ID# A \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

**TEST SCORE WAIVER –ACCUPLACER – LIBERAL ARTS COURSES: scores fall below the minimum required:**  
(NOTE: WAIVER FOR LA CLASSES MAY ONLY BE SIGNED BY A LIBERAL ARTS DEPARTMENT DESIGNEE.)

I hereby authorize registration in \_\_\_\_\_ for the above named student.  
(Course # and Title)

\_\_\_\_\_  
Signature of Liberal Arts Department Designee Date

\_\_\_\_\_  
Signature of Student: I have discussed and understand my options. Date

**TEST SCORE WAIVER –ACCUPLACER – PROGRAM COURSES: scores fall below the minimum required:**  
(NOTE: WAIVER FOR PROGRAM COURSES MAY ONLY BE SIGNED BY THE PROGRAM DIRECTOR.)

I hereby authorize registration in \_\_\_\_\_ for the above named student.  
(Course # and Title)

\_\_\_\_\_  
Signature of Program Director Date

\_\_\_\_\_  
Signature of Student: I have discussed and understand my options. Date

**TIME CONFLICT WAIVER: (Signed by Instructor of Affected Course)**

\_\_\_\_\_ is in time conflict with \_\_\_\_\_.  
(Course # and Title) (Course # and Title)

As instructor for \_\_\_\_\_, I hereby consent to the time overlap.  
(Course # and Title)

\_\_\_\_\_  
Signature of Instructor Date

**PRE/COREQUISITE COURSE WAIVER: (Signed by Instructor/Program Director of Affected Course)**

\_\_\_\_\_ has a prerequisite/corequisite of \_\_\_\_\_  
(Course # and Title) (Course # and Title)

As instructor for \_\_\_\_\_, I hereby waive the corequisite/prerequisite.  
(Course # and Title)

\_\_\_\_\_  
Signature of Instructor/Program Director Date

**PROGRAM MAJOR WAIVER: (Signed by Program Director of Required Program Major)**

\_\_\_\_\_ has a prerequisite of admission to the \_\_\_\_\_ program.  
(Major)

As program director for \_\_\_\_\_, I hereby waive this requirement.

\_\_\_\_\_  
Signature of Program Director Date