



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

REGISTRATION FORM – SUMMER 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 May 13), 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 and select Student Resources.

Tuition and fees are due on or before May 13. 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), 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