



RUNNING START REGISTRATION FORM

Great Bay Community College
390 Corporate Drive
Portsmouth, NH 03801

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

*For compliance purposes, the Community College System of New Hampshire and its Colleges collect names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will exercise due diligence to protect 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.

Mailing Address **City** **State** **Zip Code**

Home Phone # **Cell Phone #** **E-Mail Address**

Date of Birth: ___/___/___ **Gender:** ___ M ___ F **Status:** ___ Junior ___ Senior ___ Exception (college approval)

Ethnic Background (Optional – for Federal Government Statistics Only):

___ African American ___ American Indian/Alaskan ___ Asian/Pacific Isle ___ Hispanic ___ White ___ Other

CRN#	COURSE # & SECTION	COLLEGE COURSE TITLE	CREDITS	TUITION
				\$150.00
High School:		Teacher's Signature:		

Disabilities Services: Students may be eligible for **accommodations** through the college's Disabilities Services Office. Students must be otherwise qualified to do college level work and address the essential elements of the course without fundamental alterations to the curriculum. Please be advised that students currently receiving **modifications** in an IEP under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act will not be eligible for modifications in a college course in the Running Start program. If you have questions, please contact the Disabilities Services Office at the college offering the course in which you are interested.

Financial Obligation: 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 understand that registration fees are non-refundable and 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 Parent/Guardian Signature Date
 (Required if student is under 18 years of age)

PAYMENT INFORMATION	
<i>(Payment due at time of registration – Make checks payable to GREAT BAY COMMUNITY COLLEGE)</i>	
<input type="checkbox"/> Check / Money Order (Attach)	<input type="checkbox"/> School District (Attach Authorization)
<input type="checkbox"/> Scholarship (Attach Application)	<input type="checkbox"/> Voucher (Attach)

Registration Form Must be Returned with Payment by October 1, 2018