



**RUNNING START
REGISTRATION FORM**
Manchester Community College (MCC)
1066 Front Street Manchester, NH 03102

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

*Federal law requires that MCC collect names and corresponding social security numbers for all students taking a college course. The college is required by the internal Revenue Code to produce a 1098-T tax form (26 U.S.C.A. Section 6050S 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. 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, regulations or applicable policies.

Mailing Address City State Zip Code

Home Phone # Cell Phone # E-Mail Address

Date of Birth: ____ / ____ / ____ **Sex:** ____ 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 Name: _____ Teacher's Signature: _____				

Disabilities Services: 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. While 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. If you have questions, please contact the Disabilities Coordinator at the college offering the course in the Running Start program.

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 MCC)</i>	
____ Check / Money Order (Attach)	____ School District (Attach Authorization)
____ Scholarship (Attach Application)	____ Voucher (Attach)

Registration Form Must be Returned With Payment by _____