

Granite State College Senior Tuition Request and Registration Form

Today's Date: _____

INSTRUCTIONS: (1) COMPLETE all items. (2) FILL in and TOTAL all charges due. (3) SIGN this form at the bottom. (4) Fax completed form to 603.513.1386 or email to Office of the Registrar at registrars.office@granite.edu

Please complete this top section in its entirety. PLEASE PRINT LEGIBLY. Campus/Advisor _____ New Student

Provide Your GSC Student ID If this is your first registration for credit-bearing courses at GSC, provide your Social Security Number. (Your SSN is required by federal law and is held in strictest confidence.)

Full Legal Name (required) **Last Name** _____ **First Name** _____ **Middle Name** (required) _____

Email Address _____

Home Telephone (_____) _____ **Cell Phone** (_____) _____ **Work/Daytime Phone** (_____) _____

Date of Birth **Other Names Used Within the University System** _____
 (required) Month Date Year

Mailing Address _____ **City/Town** _____ **State** _____ **Zip Code** _____

I have received information on the USNH "Residency Rules." Yes No Link to information on residency rules: <http://usnholpm.unh.edu/BOT/IV.Fin/F.htm>
 I verify that I have been a New Hampshire resident for at least twelve consecutive months for purposes other than my education. Yes No
 Are you a U.S. Citizen? Yes No If you have a documented disability which requires special services, please notify us.

Granite State College encourages New Hampshire residents 65 and older to participate in our courses and provides tuition remission on a space available basis. "Space available" means that a seat is available without excluding paying students. Registrations will be processed the Monday after the payment due date for the term; you will be notified at that time if space is available.

Waivers are not available to those admitted to a degree program, unless grandfathered in prior to 7/1/13. Payment of the registration fee and any lab or material fee is required. An individual may be granted no more than one waiver per term, not to exceed four per year.

Office Use	Course Dept	Course Number	Credit Course Title	Course Reference Number	Location	Number of Credits	Course Charge
Registration Fee							35.00**
Academic Services Fee*							40.00**

* For 4 or more credits.
 ** Please note: Course charges, fees and regulations are subject to approval by the USNH Board of Trustees and change without prior notice.

Student's Signature _____

-----**FOR STAFF USE**-----

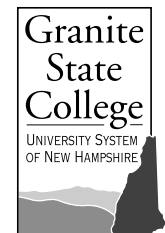
Current Term

Summer____ Fall____ Winter____ Spring____

Waivers approved in current academic year Summer____ Fall____ Winter____ Spring____

1st waiver received prior to 7/1/13

Registrar's Office Signature _____ **E-mail Sent** _____



Notes: (for office use only)