

**COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
TUITION BENEFIT AUTHORIZATION FORM**

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____	POSITION TITLE: _____
HOME INSTITUTION: _____	DATE OF FULL-TIME HIRE: _____
VERIFICATION OF EMPLOYMENT: _____ DATE: _____	
Signature of CCSNH Human Resources or College President	

DEPENDENT INFORMATION (if applicable)

DEPENDENT NAME: _____	RELATIONSHIP TO EMPLOYEE:	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child
DEPENDENT DATE OF BIRTH _____		
Is the child unmarried?		Yes <input type="radio"/> No <input type="radio"/>
Was the child listed as an exemption on the Employee's or Spouse's/Civil Union Partner's most recent income tax return?		Yes <input type="radio"/> No <input type="radio"/>
Does the child rely on the employee for more than half of their financial support during the calendar year?		Yes <input type="radio"/> No <input type="radio"/>
I certify that the above information is true and correct.		
_____	_____	
Employee Signature		Date

COURSE INFORMATION

CCSNH COLLEGE AT WHICH COURSE(S) WILL BE TAKEN _____		
COURSE DEPT/#	PROGRAM/COURSE(S) DESIRED: COURSE TITLE	SEMESTER (Beginning Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
APPROVAL BY PRESIDENT OR DESIGNEE OF CCSNH COLLEGE OFFERING THE COURSE(S):		
SIGNATURE _____		DATE _____

CERTIFICATION

I understand that by registering for course(s) at a CCSNH College, I am financially obligated for tuition or any associated fees, if applicable. 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 a collection agency. I also understand that I will be responsible for the costs of collection on my account, including any collection agency, legal, and/or returned check fees under RSA 6:11, which may add significant costs to my account balance.

_____	_____	_____	_____
Dependent Signature (if applicable)	Date	Employee Signature	Date

A registration form must accompany this request. This approval must be presented to the cashier of the Business Office with proper form of identification when registering for course(s).