

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

**EMPLOYEE INFORMATION**

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

**DEPENDENT INFORMATION (if applicable)**

<b>DEPENDENT NAME:</b> _____	<b>RELATIONSHIP TO EMPLOYEE:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Child
<b>DEPENDENT DATE OF BIRTH</b> _____		
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.		
_____		

**COURSE INFORMATION**

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

**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.

_____	_____	_____	_____
<b>Dependent Signature (if applicable)</b>	<b>Date</b>	<b>Employee Signature</b>	<b>Date</b>

*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).*