

## Registration Form

| SMCC ID#                   |                  |                   |  |          | ODAY'S DATE _      |              |             |                                   |                 |  |
|----------------------------|------------------|-------------------|--|----------|--------------------|--------------|-------------|-----------------------------------|-----------------|--|
| LAST NAME                  |                  |                   |  |          | IRST               |              |             | MIDDL                             | E               |  |
| BIRTH/OTHER NAME           |                  |                   |  |          | E-MAIL             |              |             |                                   |                 |  |
| CELL PHONE                 |                  |                   |  |          | HOME PHONE _       |              |             |                                   |                 |  |
| MAILING                    | G ADDRES         | S                 |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          | STATE ZIP          |              |             |                                   |                 |  |
|                            |                  |                   |  |          | SOCIAL SECURITY #  |              |             |                                   |                 |  |
| GENDER* FEMALE MALE        |                  |                   |  |          | BIRTHDATE*         |              |             |                                   |                 |  |
| ETHNIC GROUP* (CHOOSE ONE) |                  |                   |  |          | /LATINO            | ☐ NO         | T HISPANI   | C/LATINO                          |                 |  |
| RACE* (CHOOSE A THAT APPL  | LL BI            | ACK OR A          | NDIAN OR ALASKA<br>FRICAN AMERICAI<br>VAIIAN OR OTHER<br>SED FOR REPORTING PUI | N<br>PAC | IFIC ISLANDER      |              | IAN<br>HITE |                                   |                 |  |
|                            | EASON FO         | R ENROLLI         |  | EE O     | R CERTIFICATE      |              |             | NRICHMEN'                         |                 |  |
| I HAVE E                   | BEEN A RE        | SIDENT OF         | MAINE SINCE  | М        | ONTH/YEAR          | (fc          | or non-edu  | cational pu                       | rposes)         |  |
| ARE YOU                    | J A U.S. CI      | TIZEN?            | YES NO PR  | OOF C    | F MAINE/US RESIDEN | ICY REQUIRED | TO QUALIFY  | FOR IN-STATE T                    | UITION          |  |
| DO YOU                     | HAVE A H         | IGH SCHO          | OL DIPLOMA OR (  | GED?     | YES                | NO           |             |                                   |                 |  |
| REGISTRATION YEAR TERM     |                  |                   |  |          | FALL               |              | PRING       | ☐ SU                              | JMMER           |  |
| COURSE<br>CODE             | COURSE<br>NUMBER | COURSE<br>SECTION |  | coui     | RSE TITLE          |              | CREDITS     | <b>A</b> AUDIT<br><b>R</b> REPEAT | OFFICIAL<br>USE |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |
|                            |                  |                   |  |          |                    |              |             |                                   |                 |  |

YOUR SIGNATURE INDICATES YOU HAVE READ AND UNDERSTAND THE CONDITIONS STATED ON THE BACK OF THIS FORM.

| STUDENT SIGNATURE |  |  |
|-------------------|--|--|
|                   |  |  |

## Terms & Conditions

- Any change in your credit load may affect your academic standing (program/ graduation requirements) as well as your eligibility for financial aid and/or veterans' educational benefits.
- If you have a disabling condition and wish to request accommodations in order to have reasonable access to our programs and services, you must register with the ADA Services Coordinator, Mark Krogman, at 207-741- 5629; Maine Relay Service 1-800-457-1220.
- You are responsible for the financial obligation related to your registered courses.
- Students who have NOT paid their tuition and fees in full (or enrolled in the College payment plan) by the due date for the current term risk having their registration canceled.
- Student signature is required on the registration form.

## **Tuition Refunds**

Official drop/withdrawal means the student's timely and complete execution of documents required by the college to accomplish formal removal from, as appropriate to the context, the college or its courses(s).

| Official drop within the add/drop period*        | 100% Refund |
|--|-------------|
| Official early withdrawal**                      | 50% Refund  |
| Official withdrawal within the withdrawal period | NO REFUND   |
| Non-attendance of classes                        | NO REFUND   |
| Course canceled by the College                   | 100% Refund |

<sup>\*</sup>see college catalog for add/drop and withdrawal dates (deadlines are prorated for courses shorter than the full semester or term)

To receive a full refund for non-credit courses, a student must cancel his or her enrollment 3 business days prior to the start date of class. There is no partial refund.



<sup>\*\*</sup>early withdrawal occurs on business days 7 – 10 of the fall and spring semesters and applies only to full semester courses