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|---|--------|-------------------------|---|--------------------------|-----|
| LEGAL LAST NAME | | LEGAL FIRST NAME | | MIDDLE NAME | |
| PREFERRED NAME | | ANY PREVIOUS LAST NAMES | | | |
| ADDRESS | | | CITY | STATE | ZIP |
| SOCIAL SECURITY #: <small>Optional, but required if seeking financial aid or tax credit.</small> | | DATE OF BIRTH | | MM / DD / YYYY | |
| SEX | GENDER | HIGH SCHOOL GRADUATE | | DO YOU HAVE A GED/HISET? | |
| CELL PHONE | | HOME PHONE | | NAME OF HIGH SCHOOL | |
| EMAIL ADDRESS (PLEASE PRINT NEATLY) | | | HIGHEST COLLEGE DEGREE EARNED | | |
| | | | <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS | | |

Citizenship

U.S. CITIZEN PERMANENT RESIDENT CARD (GREEN CARD)
 If yes, enter Alien Registration number
If no, enter type of Visa.

WILL YOU REQUIRE A STUDENT VISA TO ATTEND NSCC? YES NO

Ethnicity Choose one

HISPANIC/LATINO NON-HISPANIC/LATINO

Race Please select one or more categories to describe yourself.

AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/PACIFIC ISLANDER ASIAN
 WHITE CAPE VERDEAN BLACK/AFRICAN AMERICAN

STUDENT'S SIGNATURE _____ DATE _____
X

Credit course cost is \$206 per credit. The Board of Trustees reserves the right to increase tuition and fees without prior notice.

| CRN | COURSE CODE | SEC | COURSE TITLE | DATE | TIME | CREDITS | COST |
|-----|-------------|-----|--------------|------|------|---------|------|
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Additional fees may apply to certain courses or programs. Visit www.northshore.edu/financial-services/cost for details.

| | | |
|-------------------------------------|-----------------------------|--------------------------------|
| Lab fee for Science courses | +\$35.00 per Science course | |
| NSCC Facility fee: 1-11/12+ credits | +\$25.00/ \$50.00 | |
| MASSPIRG donation | +\$ 9.00 | <input type="checkbox"/> Waive |

TOTAL COST: \$ _____

Payment Information

Include a check or money order for total amount due payable to NSCC. If you would like to use MasterCard/VISA/Discover, fill in all credit card information. (Required for fax-in registrations)

MASTERCARD VISA DISCOVER ACCOUNT # _____
 EXPIRATION DATE
____/____
MONTH YEAR

CARD HOLDER'S SIGNATURE _____ CWV CODE _____
X

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parent/Guardian Info for Students under age 18

| | | | | | |
|-------------------------------------|--|------------|-------|-----|--|
| LAST NAME | | FIRST NAME | | | |
| ADDRESS | | CITY | STATE | ZIP | |
| CELL PHONE | | HOME PHONE | | | |
| EMAIL ADDRESS (PLEASE PRINT NEATLY) | | | | | |