



2021-2022 Course Registration Form

Please complete and return with payment online:
northshore.edu/registrar/secure-upload.html

or by fax
978-762-4015

or mail
NSCC Office of the Registrar • 1 Fencroft Rd
Danvers, MA 01923-0840

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A GED/HISET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 **By typing your name, you are verifying this as your signature.**
X

DATE

Credit course cost is \$223 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

Additional fees may apply to certain courses or programs.
Visit www.northshore.edu/paying/cost
for details.

Lab fee for Science courses	+\$45.00 per Science course	
NSCC Facility fee	+\$50.00	
MASSPIRG donation	+\$9.00	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 **By typing your name, you are verifying this as your signature.**
X

CVV CODE

ADDRESS	CITY	STATE	ZIP
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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)			

LAST NAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Are you a U.S. Citizen?

☐ Yes

☐ No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT? ☐ YES ☐ NO

IF YES, LIST ALIEN REGISTRATION NUMBER: _____

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL: _____

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

☐ VALID DRIVER'S LICENSE

☐ UTILITY BILLS*

☐ EMPLOYMENT PAY STUB*

☐ VALID CAR REGISTRATION

☐ VOTER REGISTRATION*

☐ STATE/FEDERAL TAX RETURNS*

☐ MASS. HIGH SCHOOL DIPLOMA

☐ SIGNED LEASE OR RENT RECEIPT*

☐ MILITARY HOME OF RECORD*

☐ RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*

☐ OTHER _____

_____ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

_____ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant. By typing your name, you are verifying this as your signature.

Date

I certify that all above information is true.

Signature of Parent. By typing your name, you are verifying this as your signature.

Date

If applicant is under 18 years of age.

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate.

Based on my review I have determined this applicant:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date