



**GREAT BAY COMMUNITY COLLEGE (GBCC)**

ENROLLMENT FORM – *ADULT* STUDENT

**Assumption of Risk and Liability Release**

*Please fill out this form and take it with you to Great Bay Community College  
Present it to the One Stop along with your signed, course registration form*

\_\_\_\_\_ Participating Student Last Name First Name Middle Name

\_\_\_\_\_ Date of Birth: MM/DD/YYYY Home Phone Email

Grade Level:  11<sup>th</sup>  12<sup>th</sup> Goal College: \_\_\_\_\_ Goal Career: \_\_\_\_\_

\_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
High School Name

Type of School:  Public High School  Private School  Home School

GBCC term student is scheduled to attend:  Fall  Spring  Summer Year: \_\_\_\_\_

High School Counselor recommended GBCC course(s):

\_\_\_\_\_ GBCC Course Name and Number GBCC Course Title

\_\_\_\_\_ GBCC Course Name and Number GBCC Course Title

**\*Limit of two classes per semester\***

**STUDENT APPROVAL:**

1. Credit courses are COLLEGE courses and will remain on the student’s permanent college record.
2. I understand that the College will have specific rules that will apply to the student's ability to enroll and attend. These rules may include, but are not limited to, certain enrollment prerequisites, registration requirements, placement tests, matriculation status, and access to "remedial" or "developmental" courses.
3. I understand that there will be no supervision provided for students prior to or after classes.
4. I understand that the coursework has college level content which may include mature material.
5. I understand that the College is authorized to evacuate students in case of an emergency.
6. I understand I must adhere to the College’s Student Code of Conduct.
7. I represent that I am 18 years of age or older.
8. I understand that I am responsible to pay 50% of the actual tuition for GBCC courses. I also understand I am responsible for the cost of books and materials and associated fees.

9. I understand that the Family Education Rights and Privacy Act (FERPA) governs all college records and allows release of academic information, including grades, to the student only. Academic information cannot be released to parents or third parties without the written consent of the student.
10. To the extent permitted by law, I release, hold harmless, indemnify and covenant not to sue the CCSNH and its colleges and/or their governing boards, trustees, employees and any agents from and against any and all liability for harm, injury, damage, claims, demands, actions, causes of action and expenses of any kind that I may have or that may hereafter accrue to me, directly or indirectly, related to any loss, damage or injury sustained through my participation at the College.

**Participating Student Signature**

**Date**

The Community College System of New Hampshire (CCSNH) uses electronic signatures and records in place of traditional ones whenever possible. You will conduct business electronically using a computer with a supported operating system and internet browser, sufficient electronic storage capacity, a printer and your official CCSNH email account. By logging into CCSNH systems, including but not limited to Banner, SIS and Canvas, you are opting to conduct electronic transactions with the Community College System and consenting to receive written notices electronically, including those involving financial obligations, and you are acknowledging that CCSNH can use electronic mechanisms alone to convey critical information related to your admission, financial aid, payment plan, student account, transcript information, registration and other activities and accounts you may undertake or have as a student at CCSNH. You have a right to request a paper copy of an electronic record. You may withdraw your consent at any time by contacting Student Services. If you decide to withdraw your consent, however, you may be prevented from registering for classes.

**HIGH SCHOOL COUNSELOR APPROVAL:**

1. The student listed is a Junior or Senior and is a regularly enrolled student at our school and has permission to take the above course(s) at GBCC.
2. The student is able to benefit from advanced scholastic or vocational work at GBCC.
3. The GBCC course(s) selected will also satisfy a high school requirement.

**Guidance Counselor Name** (Please Print)

**Phone**

**Guidance Counselor Signature**

**Date**

High School Phone: \_\_\_\_\_

**For Information or Questions:**

Office of Admissions  
 603-427-7600 Ext 7500  
[GBAdmissions@ccsnh.edu](mailto:GBAdmissions@ccsnh.edu)

**For Returning Students:**

Advising Center  
 603-427-7728  
[greatbayadvising@ccsnh.edu](mailto:greatbayadvising@ccsnh.edu)

**For Office Use Only:**

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