REGISTRATION FORM

REGISTRAR'S OFFICE
101 Community College Way
Johnstown, PA 15904

Year: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

CONTACT INFORMATION

Name: _____ **Student ID or Date of Birth:** _____
FIRST LAST

Address: _____

_____

_____
CITY STATE ZIP CODE

Phone Number: _____

County of Residence: _____

How long have you lived at this address? **Years:** _____ **Months:** _____

All new students must complete the Application for Admissions prior to submitting this registration form. If you are a returning student to the College after missing one or more semesters, you must complete an Application for Admission at no cost and check the "Re-admit" status. You may contact the Admissions Office by calling 814.262.6446 or emailing admissions@pennhighlands.edu.

COURSES

COURSE REQUESTED (LETTERS & NUMBERS) Ex. ENG 110 80 80	COURSE TITLE Ex. English Composition 1	CREDITS Ex. 3

Advisor's Signature: _____ **Date:** _____

By signing this form, I acknowledge that my enrollment at Penn Highlands Community College establishes a contractual financial obligation to pay all tuition, fees and other associated costs resulting from registration and/or receipt of services. Financial obligations must be paid in full by the Tuition Due Date established by Penn Highlands for each semester. I also understand that non-attendance does not constitute official withdrawal and that withdrawal requires the completion and submission of an official withdrawal form.

Student's Signature:_____ **Date :**_____

RETURN THIS FORM TO THE REGISTRAR BY MAIL, EMAIL REGISTRAR@PENNHIGHLANDS.EDU OR FAX (814.269.3008)

OFFICE USE ONLY

Date Received _____ Processed By:_____ Site _____

Date:_____

FINANCIAL RESPONSIBILITY STATEMENT

Introduction

All students are bound by the Pennsylvania Highlands Community College Student Financial Responsibility Statement upon course registration. The Statement outlines the business terms and conditions associated with your registration. By registering for classes, you assume financial responsibility and agree to the terms of this Statement. If you have questions or would like more information about the PHCC Student Financial Responsibility Statement, please contact the Student Financial Service Office at 814-262-6437 or sfs@pennhighlands.edu.

Instructions

Please review the information provided. You must accept these conditions by signing below to register for classes.

STUDENT FINANCIAL RESPONSIBILITY STATEMENT

I understand that when I register for any class at PHCC or receive any service from PHCC I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of services. If I'm not planning to attend, it is my responsibility to drop my classes at PHCC. Failure to drop courses does not eliminate my financial obligation to PHCC. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note Statement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which PHCC is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date).

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule. The refund policy is located on the Pennsylvania Highlands website at the following link **https://www.pennhighlands.edu/admissions/pay-for-college/student-accounts-office/refund-of-tuition-policy/**.

I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

ADDITIONAL CONDITIONS AND INFORMATION

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my student account bill by the published due date, PHCC may remove my course schedule. If at any time any monies are due and owing PHCC, a financial hold will be placed on my student account, which may prevent me from registering for future classes, requesting transcripts, or receiving my diploma.

Late Tuition Payment Fee: I understand and agree that if I fail to pay my Tuition Payment Plan payments by the scheduled due dates, PHCC will assess a $10.00 late payment fee to my account for each delinquent tuition payment plan payment.

Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due and owing PHCC by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, PHCC may refer my delinquent account to a collection agency. I further understand that I may be responsible for paying all collection agency fees which may be based on a percentage at a maximum of 30% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

COMMUNICATION

Method of Communication: I understand and agree that PHCC uses the school issued e-mail as an official method of communication with me and that therefore I am responsible for reading the e-mails I receive to my PHCC email account on a timely basis.

Contact: I authorize PHCC and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to PHCC, or to receive general information from PHCC. I authorize PHCC and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to the applicable contractor or agent contacting me on behalf of PHCC.

Updating Contact Information: I understand and agree that I am responsible for keeping PHCC records up to date with my current physical address, email address, and phone number. During my time of enrollment, or upon leaving PHCC for any reason, it is my responsibility to provide PHCC with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to PHCC. Contact information can be updated through the Registrar's office or on the Registration tab of your myPeak portal.

FINANCIAL AID

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop or withdraw from any class before completion or fail to attend, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked. I agree to repay any revoked aid amounts disbursed to my account that resulted in a credit balance that was refunded to me.

I agree and authorize PHCC to allow Title IV and other financial aid sources I receive to pay any permissible charges assessed to my student account including but not limited to tuition, fees, and bookstore charges.

Federal Aid: I understand that any federal Title IV financial aid that I receive, except for Federal Work-Study wages, will first be applied to any outstanding balance on my account for tuition, fees, room, and board. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan and PLUS Loan. I authorize PHCC to apply my Title IV financial aid to other charges assessed to my student account such bookstore charges.

Prizes, Awards, Scholarships, Grants: I understand that all prizes, awards, scholarships, and grants awarded to me by PHCC will be credited to my student account and applied toward any outstanding balance. I further understand that my receipt of a prize, award, scholarship or grant is considered a financial resource according to federal Title IV financial aid regulations and may therefore reduce my eligibility for other federal and/or state financial aid (i.e., loans, grants, Federal Work-Study) which, if already disbursed to my student account, must be reversed and returned to the aid source.

METHOD OF BILLING

I understand that PHCC issues bills via mail and on myPEAK on a regular basis, and I am responsible for reviewing and paying my student account bill by the scheduled due date. I further understand that failure to receive my bill does not constitute a valid reason for not paying my bill on time.

BILLING ERRORS

I understand that administrative, clerical, or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at PHCC.

RETURNED PAYMENTS/FAILED PAYMENT STATEMENTS

If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of $25.00. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or Statement I sign with PHCC may result in the suspension of my eligibility to register for future classes at PHCC and certified funds may be required for future payments.

WITHDRAWAL

If I decide to withdraw from PHCC completely, I will follow the instructions provided in the academic catalog published on the PHCC website located at **https://catalog.pennhighlands.edu/withdrawal-process** which I understand and agree are incorporated herein by reference.

PRIVACY RIGHTS & RESPONSIBILITIES

I understand that PHCC is bound by the Family Educational Rights and Privacy Act (FERPA), which prohibits PHCC from releasing any information from my education record without my written permission. Therefore, I understand that if I want PHCC to share information from my education record with someone else, I must provide written permission by following the procedure outlined at: **https://catalog.pennhighlands.edu/privacy-act-and-student-records**. I further understand that I may revoke my permission at any time as instructed in the same procedure. I understand I can contact the Registrar's office to make changes to my FERPA release form.

IRS FORM 1098-T

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to PHCC upon request as required by the Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to PHCC, I agree to pay any, and all, IRS fines assessed as a result of my missing SSN/TIN. I consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from PHCC. I understand that I can withdraw this consent and request a paper copy at any time.

STUDENT AGE

I understand and agree that if I am younger than the applicable age of majority when I execute this Statement that the educational services provided by PHCC are a necessity, and I am contractually obligated pursuant to the "doctrine of necessaries."

This Statement supersedes all prior understandings, representations, negotiations, and correspondence between the student and PHCC, constitutes the entire Statement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This Statement may be modified by PHCC at any time.

I accept these conditions. **Semester: _____Year:_____**

Student Name (Printed):_____Student ID #:_____

Student Signature: _____Date:_____

PHCC Official:_____Date:_____