

Return to: Registrar's Office
 31 College Drive
 Concord, NH 03301
 P: 603-230-4014
 F: 603-230-9314
NHTIRegistrar@ccsnh.edu

College Withdrawal Form

Year _____ Fall Spring Summer

Student name _____	Student ID # _____
Major _____	Phone # _____
Mailing address _____	Email _____
_____	_____

Reason for Withdrawal

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Financial difficulty | <input type="checkbox"/> Family/marriage responsibilities |
| <input type="checkbox"/> Accepted elsewhere | <input type="checkbox"/> Health problems | <input type="checkbox"/> Transfer to another college |
| <input type="checkbox"/> Military | <input type="checkbox"/> Housing issues | <input type="checkbox"/> Time and/or scheduling |
| <input type="checkbox"/> Childcare issues | <input type="checkbox"/> Work conflict | <input type="checkbox"/> Travel concerns |
| <input type="checkbox"/> Career/goal change | <input type="checkbox"/> Personal | <input type="checkbox"/> Employment opportunity |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Other _____ | |

All courses will be dropped with a "W" grade if this form is received in the Registrar's Office prior to the official "Last Day to Drop/Withdraw with a 'W' grade."

Upon a drop or withdrawal, I understand that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Student signature _____ Date _____

*For Registrar's Office Official Use

Date received _____ Processed by _____ Comments _____

Updated 03-22