

Registrar's Office

P: 603-230-4014
 F: 603-230-9314
NHTIRegistrar@ccsnh.edu

Drop Course Form

Completed forms must be submitted to the Registrar's Office.

Name _____ Student ID # _____

Fall Spring Summer Year _____

Prior to 60% of the semester, grade issued is W. After 60% of the semester, the instructor will assign one of the following grades based on the student's current status:

WP WF Instructor Signature _____

Courses Being Dropped

Course CRN # _____	Course Title _____
Course CRN # _____	Course Title _____
Course CRN # _____	Course Title _____

I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree 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.

For extenuating circumstances, students may submit a request for a credit or waiver appeal. Tuition credit(s) or waiver appeals are granted **only in cases of rare and extreme circumstances including medical, death in immediate family, military activation, academic advisement, or a catastrophic life event**. Requests should be made only by the student, not parents or other parties. Requests must be submitted to the Department of Academic and Workforce Education at NHTIacademicaffairs@ccsnh.edu and received by the end of the semester for which the student is submitting an appeal. Requests will be reviewed by the Credit/Waiver Committee.

Student Initials: _____

I understand that dropping this course may affect financial aid, loans, Veterans' benefits, F1 student visa status, athletic eligibility, health insurance, residence hall status, and academic progress.

Student signature _____ Date _____

For Office Use Only

Date Received _____ Received By _____ Refund Yes No

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