

**Registrar's Office**

P: 603-230-4014  
 F: 603-230-9314  
[NHTIRegistrar@ccsnh.edu](mailto:NHTIRegistrar@ccsnh.edu)

# Course Drop 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.

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

Updated 10-22