

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