RIVER VALLEY COMMUNITY COLLEGE
One College Drive, Claremont, NH 03743-9707
438 Washington Street, Keene, NH 03431
FAX: (603) 543-1844

COURSE ADD FORM

STUDENT:_______________________________________ PROGRAM:_____________________

ID #__________________ SEMESTER/YEAR:______________________________

I accept responsibility for the selection of and payment for the courses as indicated below. I have read and understand the Refund/Withdrawal Policy. I understand that I must fulfill my financial obligation two weeks **before** the first day of class or at the time this Add Form is submitted. I understand that I will be unregistered from class if I have not fulfilled my financial obligations. I understand by registering for courses at RVCC, I am financially obligated for ALL costs related to the registered course(s). 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 understand that I will be responsible for the costs of the outside collection agency, any legal fees, and any bounced check fees under RSA 6:11, which will add significant costs to my account balance**.**

STUDENT SIGNATURE:____ DATE:__________________

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CRN	COURSE # & SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
_______	_________	______________________________________	_____________	____
_______	_________	______________________________________	_____________	____

TO THE STUDENT: You must obtain the signed approval of the following in the order in which they are listed. It is the student's responsibility to submit this form, **once completed**, to the Registrar's Office. During the summer and semester break, the Vice President of Academic Affairs may sign in place of faculty and program director/advisor if the semester has not begun.

Program Director/Advisor:____ Date:__________

Instructor:____ Date:__________

Instructor:____ Date:__________

Financial Aid:____ Date:__________

Business Office:____ Date:__________

OFFICE USE ONLY

_____________________________________ Signature of Registrar or Designee

_____________________ Date & Time Received

Processed:_____ Entered by:_____

(10/26/10)