

**River Valley Community College**  
**One College Drive; Claremont, NH 03743**  
**310 Marlboro Street; Keene, NH 03431**  
**Fax: (603) 543-1844**

**COURSE DROP/WITHDRAWAL FORM**

**STUDENT:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**ID #** \_\_\_\_\_ **SEMESTER/YEAR:** \_\_\_\_\_

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:** \_\_\_\_\_

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CRN	COURSE # & SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Reason for dropping course(s):**

Academic  Financial  Work  Health  Moving  Personal  Transfer

Other: \_\_\_\_\_

**TO THE STUDENT:** We recommend that you consult with your Program Director/Advisor and the Financial Aid Office before dropping a course. **Please submit this form to the Registrar's Office or place it in the locked registration box outside that office.** It is the student's responsibility to submit the completed form before the drop/withdraw deadline for processing. Please refer to the Refund/Withdrawal Policy for the applicable semester for dates and information.

**OFFICE USE ONLY**

\_\_\_\_\_  
Signature of Registrar or Designee

\_\_\_\_\_  
Date & Time Received

Processed:  Entered by: \_\_\_\_\_

Copies distributed to:  Faculty  Financial Aid  Program Director/Advisor  Business Office