River Valley Community College
One College Drive, Claremont, NH 03743
438 Washington 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

(10/26/10)