



River Valley Community College
 1 College Place, Claremont, NH 03743
 438 Washington Street, Keene, NH 03431
 15 Hanover Street, Lebanon, NH 03766
www.rivervalley.edu 603-542-7744 rivervalley@ccsnh.edu

COURSE DROP / WITHDRAWAL FORM

A _____, _____,
 Student ID# Last Name First Name MI

Semester _____ Year: _____ Program of Study: _____

Course(s) I am dropping or withdrawing from:

CRN	Course Number	Course Section	Course Title	Instructor	Credits
Example: 12345	ENGL 101R	ZZ1	College Composition	First Name Last Name	3

Reason for dropping course(s):
 ___ Academic; ___ Financial; ___ Work; ___ Health; ___ Moving; ___ Personal; ___ Transfer
 ___ Other, please specify: _____

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. 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.** You can **confirm the form has been processed** by checking your SIS.

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: _____

Please email this completely filled out and signed form to: RVCCRegistrar@ccsnh.edu
 You may also fax it to: (603) 543-1844 or Mail it to: RVCC, Attn: Registrar's Office, 1 College Place, Claremont, NH, 03743

Office Use Only

Date Effective: _____	Form Processed By: _____
Copy Distributed To: <input type="checkbox"/> Faculty <input type="checkbox"/> Financial Aid <input type="checkbox"/> Program Director / Advisor <input type="checkbox"/> Business Office	