

LAKES REGION COMMUNITY COLLEGE

ADD/DROP FORM

(603) 524-3207 • www.lrcc.ccsnh.edu • Fax: (603) 524-8084

Term: Summer ____ Fall ____ Spring/Winterim ____ Winter ASEP ____

Name: _____ Student ID: _____

Major: _____ Date of Birth: _____ Telephone #: _____

ADD

CRN	Course #	Course Title	Instructor Signature

DROP

CRN	Course #	Course Title	Instructor Signature

I understand that if I drop a course by the end of 14th calendar day of the semester, the course will not appear on my transcript and I will receive a 100 % refund of tuition, less non-refundable fees. If the class meets in a format shorter than the traditional semester, I will have 7 calendar days from the designated start of the class to withdraw for a full refund. If I drop a course after the 14th calendar day, but during the first 60% of the semester, the course will be recorded as a “W” on my transcript and I will not receive a refund. Exception: students in courses that meet for two weeks or fewer must drop by the end of the first day of the class in order to get a 100% refund. Students registered for workshops must withdraw in writing at least three (3) days prior to the first workshop session in order to receive a full refund of tuition and fees.

I may drop with a *Withdraw Passing/Withdraw Failing* form after the 60% deadline with approval from my instructor. A grade of WP (does not affect GPA) or WF (calculates in GPA as an F) will show on my transcript.

Reasons for dropping course(s):

Academic Financial Work Health Moving Personal Other: _____

Comment: _____

I understand by registering for courses at LRCC, 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.

Student Signature: _____ (Required)

Advisor Signature: _____ (Required)

For Office Use Only			
Date Received: _____		Received by: _____	
Processed in Banner: _____			
Original: Registrar	Green: Student	Yellow: Business Office	Pink: Financial Aid Goldenrod: Advisor