

OFFICE OF THE REGISTRAR
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Rindge, NH 03461
(603) 899-4068
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Rev. 1/19

STUDENT INITIATED COURSE WITHDRAWAL

Student Initiated Course Withdrawal Policy—please see Academic Catalog for full details:

Processed by: _____ Date: ____ Submitted to NSC: □

The student is responsible for collecting all necessary signatures and submitting the completed form to the Registrar's Office. No fee is assessed for a course withdrawal. However, withdrawn courses are included in the tuition charge for the semester/term. Due dates are as follows:

- 1. Semester Courses: Students may withdraw from one or more courses after the Add/Drop Period, but prior to the **end of week 10**.
- 2. Undergraduate Term Courses: Students may withdraw from one or more courses after the Add/Drop Period, but prior to the **end of week 5**.
- 3. Graduate Term Courses: Students may withdraw from one or more courses after the Add/Drop Period though 60% of the term.

Student Name	Student ID Number	Date
 After this form is processed, I will I am currently a NCAA athlete: 	be registered for credits for the Yes No	ne semester/term.
Course from which you wish to withd	raw:	
Semester/Term Year	Course Number and Section	Course Title
Student Signature		Date
Your signature below acknowledges that		of withdrawing from this course with the studen e of attendance/participation:
Your signature below acknowledges that t does not necessarily indicate your app	t you have discussed the consequences o	•
Your signature below acknowledges that it does not necessarily indicate your app	t you have discussed the consequences o proval. REQUIRED: Student's last date	e of attendance/participation:
	t you have discussed the consequences o proval. REQUIRED: Student's last date Date	e of attendance/participation: Print Name
Your signature below acknowledges that it does not necessarily indicate your app Instructor Signature Advisor Signature	t you have discussed the consequences of proval. REQUIRED: Student's last date Date Date	Print Name Print Name
Your signature below acknowledges that the does not necessarily indicate your appointment of the following signature Advisor Signature Student Financial Services Signature ATHLETES ONLY	t you have discussed the consequences of proval. REQUIRED: Student's last date Date Date Date	Print Name Print Name
Your signature below acknowledges that the does not necessarily indicate your appointment of the following signature Advisor Signature Advisor Signature ATHLETES ONLY Any withdrawals may affect full-time sta	t you have discussed the consequences of proval. REQUIRED: Student's last date Date Date Date	Print Name Print Name Print Name