Nashua Community College 505 Amherst Street Nashua, NH 03063 Phone (603) 579 9000 Eay (603) 993 1636

ie (603) 576-6900 Fax (603) 663-1636		
NCCRegistrar@ccsnh.edu		
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	STUDENT ID #	LAST NAME	FIRST	NAME	MIDDLE INITIAL	
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CRN	Subj / Number	Course Title		Instructor Signature:		
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follow DROP:	bu% of the semester, gi ing grades based on stu	rade issued is "W". After 60% udent's current status: WP for	passing o	nester, r WF foi	instructor will assign one of the railing at time of withdrawal.	
CRN	Subj / Number	Course Title	Grac appl	de if icable	Instructor Signature:	
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		NCC WITHDRAWAL SU	IRVEY		-	
	Please use the heat of the hea	ne following link to share feedback on the ttps://survey.alchemer.com/s3/6246676/t	course(s) you	u're withdra val-Survey	awing from:	
Please No from your c	te You must fulfill your financia	l obligation two (2) weeks before the begin	ning of the ser	mester or y	ou may be in jeopardy of being deregistere	
Financial (financially noted in th reau and/o age of the ble attorne	Obligation Statement II agree obligated for ALL costs related on the student catalog and handbook or turned over to an outside colled the to a maximum of 35%, and significations, which will add significations.	to the registered course(s). Upon a drop c. I further understand that if I do not ma ction agency. I also agree to pay for the and all additional costs and expenses, in nt costs to my account balance.	o or withdrawa ake payment i e fees of any c acluding any p	al, I agree to in full, my ollection a protested c	System of New Hampshire (CCSNH), I an that I will be responsible for all charges as account may be reported to the credit bugency, which may be based on a percent check fees, court filing costs and reasonal	
dar day of traditional s If the seve weekend o	the semester will receive a 100 semester (15-16 weeks) will have nth (7th) or fourteenth (14th) ca	% refund of tuition, less non-refundable e seven (7) calendar days from the desig lendar day falls on a weekend or holiday	fees. Studer nated start of y, the drop ref	nts in class the alterna fund date v	y the end of the fourteenth (14th) calen ses that meet in a format shorter than the ative semester to withdraw for a full refund will be the first business day following the ne end of the first (1st) day of the class in	
		dents registered for workshops through) days prior to the first workshop session			tinuing Education or Business & Indus of tuition and fees.	
confirmatio	n will be mailed. Classes are su		the NCC web	osite (www	re enrolled unless otherwise notified. No nashuacc.edu) under the Student Infor- iil account, etc.	
_		an advisor's signature but are responsible for takir CIAL UNTIL THIS COMPLETED FORM IS	•			
Student Sign	ature:	Advi:	sor Signature:			
computer with a	a supported operating system and internet broom SIS and Canvas, you are opting to conduct	owser, sufficient electronic storage capacity, a printer and	l your official CCSN tem and consenting	IH email accou	itten notices electronically, including those involving finan-	

information, registration and other activities and accounts you may undertake or have as a student at CCSNH. You have a right to request a paper copy of an electronic record. You may withdraw your consent at any time by contacting Student Services. If you decide to withdraw your consent, however, you may be prevented from registering for classes.

FOR OFFICE USE ONLY:	Date:	Entered By:

Please Check One: