Manchester Community College

1066 Front Street, Manchester, NH 03102 | P: (603) 206-8120 | F: (603) 206-8287 | mccregistrar@ccsnh.edu

ADD / DROP COURSES FORM

Name: _____ Student ID #: _____ Major: _____

ADD COURSES:

CRN #	Course #	Course Title	Course Start Date	Instructor Signature	Bursar Initial	Date

Please note that students wishing to add a course after the add/drop period will need the instructors signature of the course they wish to add. Students will also need to have the Bursar's office initial their form to verify they have the funds available to pay for the courses.

I agree that by registering for courses within the Community College System of NH (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree 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 agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Student Signature: _____ Advisor Signature: _____ Date: _____

Before Dropping Courses, make a SMART choice and consider the below. Your academic advisor can give you more information:

S	Satisfactory Academic Progress	Withdrawing will affect SAP, potentially jeopardizing financial aid in future terms.
M	Money	Withdrawing does not cancel tuition or fees owed. You are still financially obligated for courses dropped after the drop date.
A	Academic Record	Course withdrawals appear on your transcript and may negatively affect your CGPA.
R	Repay	Depending on when you withdraw, you may need to pay back a portion of your financial aid.
T	Time to Completion	Withdrawing from a course extends both the time and cost of your degree.

DROP COURSES:

CRN #	Course #	Course Title	Course Start Date	Instructor Signature	WP/WF

Student Signature: _____ Advisor Signature: _____

Registrar's Office: _____ Date: _____