



Add Form

Office of the Registrar

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Email: lrccregistrar@ccsnh.edu

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

Student Name: _____ Student ID: _____

Major: _____ Date of Birth: _____ Phone: _____

ADD

CRN	Course #	Course Title

I understand that 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.

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 alternative semester 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) business days prior to the first workshop session in order to receive a full refund of tuition and fees.

Student Signature

Date

Advisor Signature

Date

For Office Use Only: Date Received: _____

Received by: _____

Processed in Banner: _____