



OFFICE OF THE REGISTRAR
98 BRIDGE STREET, HENNIKER, NH 03242
TEL# 603-428-2203 FAX# 603-428-2487

COURSE WITHDRAWAL FORM

Students may withdraw from a course for any reason up to the specified date for that term.
See the Academic Calendar for specific dates.

SEMESTER: Fall ☐ J-Term ☐ Spring ☐ Summer I ☐, II ☐ Year _____

NEC ID# _____ NAME _____

I wish to withdraw from the following course: **COURSE INFORMATION REQUIRED**

CRN _____ COURSE # _____ COURSE TITLE _____

I understand that this course will be listed on my transcript with a grade of “W” which does not affect my grade point average. I also understand that I am financially responsible for this course and that withdrawing may affect my athletic and financial aid eligibility as well as my ability to meet other academic requirements.

I also understand that fulfillment of graduation requirements is MY responsibility:

Student's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY INSTRUCTOR:

Last date attended: _____

As the student's **instructor**, I DO ___ DO NOT ___ recommend that the student withdraw from this course.

Reason(s):

Instructor's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY FACULTY ADVISOR:

As the student's **advisor**, I DO ___ DO NOT ___ recommend that the student withdraw from this course.

Reason(s):

Faculty Advisor's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY STUDENT FINANCIAL SERVICES COUNSELOR :

As the **student financial services counselor**, I HAVE ___ discussed the impact this course withdrawal will have upon the student's ability to meet Satisfactory Academic Progress requirements and the impact this course withdrawal may have upon the student's ability to continue receiving federal student financial aid.

Notes:

SFS Counselor's Signature _____ Date _____

Return form to the Registrar's Office

Updated 3/25/2020