

ROCKINGHAM COMMUNITY COLLEGE

• DROP/ADD - FEE ADJUSTMENT • WITHDRAWAL FORM

TERM
 FALL SUMMER
 SPRING

SOC. SEC. NO. _____

DATE: _____

STUDENT NAME _____

Last
First
Middle
Maiden

PROGRAM _____

MAILING ADDRESS _____

Address
City
State
Zip

ADVISOR NAME _____

CHECK IF RECEIVING WORK STUDY SCHOLARSHIP VR
 LOAN, GRANT VA OTHER (Specify) _____

	COURSE	SEC	DESCRIPTION	CRED HRS.	CONT HRS.	DAYS & TIME					ROOM	INSTRUCTOR		LAST ATTN. DATE	GRADE	INSTRUCTOR INITIALS
						M	T	W	R	F						
D R O P																
TOTAL CREDIT HRS. ▶				◀ TOTAL CONTACT HRS.												
A D D																
TOTAL CREDIT HRS. ▶				◀ TOTAL CONTACT HRS.												

TO BE COMPLETED BY INSTRUCTOR

ADVISOR _____ (SIGNATURE) DATE _____

RECORDS OFFICE _____

BUSINESS OFFICE _____

ORIG.	CRED. HRS.	TUITION	STUDENT ACTIVITY FEE
DROP			
ADD			
TOTAL			

REFUND _____ 75% _____ 100%

TUITION CODE

OWES ADDITIONAL:	DUE REFUND:
TUITION (IN STATE) _____	TUITION _____
TUITION (OUT OF STATE) _____	STUDENT ACTIVITY FEE (601) _____
STUDENT ACTIVITY FEE _____	
TOTAL DUE _____	TOTAL REFUND _____

• WITHDRAWAL FROM SCHOOL •

STUDENT SIGNATURE: _____ DATE: _____

REASON FOR WITHDRAWAL _____

APPROVED	DATE
COUNSELOR _____ <small>(Signature)</small>	_____
LIBRARY _____ <small>(Signature)</small>	_____
FINANCIAL AID _____ <small>(Signature)</small>	_____
RECORDS OFFICE _____ <small>(Signature)</small>	_____
DEAN _____ <small>(Signature)</small>	_____