

Southern New Hampshire University

Graduate Enrollment and Admission Office
Program Change/ Addition Form

Name: _____ Phone: _____

SNHU ID#: _____ Email: _____

Address: _____

I wish to add/change my program: _____

Present program (Including SNHU degrees earned) : _____

New program: _____

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Please do not write below this line.
Office use only.

STRK: _____

NEQV: _____

SPRO: _____

End Date: _____

Worksheet: _____

I-20 Extension: _____