

Course Waiver / Substitution / Transfers / Other Special Requests

Student Name: _____ **SNHU ID#:** _____

Address: _____

Telephone#: _____ **E-Mail :** _____

Date: _____

Student Request (Student's description of request):

DOCUMENTATION ATTACHED TO SUPPORT REQUEST:

Transcripts: _____ Course Description: _____ Letter of Rationale: _____

Other: _____

Advisor Request Recommendation:

Remarks:

Request Recommended _____ Request NOT Recommended _____

Area Chair Recommendations:

Remarks:

Request Recommended _____ Request NOT Recommended _____

Department Chair Signature: _____

Office Use Only

Request recorded on STRK screen _____

Notification letter generated _____