Southern New Hampshire University

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Petition to Amend Degree Requirements

Student Name: _____
First Middle Last

Student ID: _____ **Student E-mail:** _____

Center of Record: _____ **Major:** _____

I want to:

☐ Stay on my old planning sheet ☐ Take a course elsewhere or CLEP within my last 24 credits

☐ Replace required course _____ with _____

☐ Other: _____

_____

Because _____

_____

_____

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date

_____ _____
Program Coordinator Signature Date

_____ _____
Dean Signature Date

_____ _____
Registrar Signature Date

Comments _____

_____

_____