

Office of the Registrar

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

Application for a Course by Arrangement

Attach a letter of extenuating circumstance, course syllabus, and meeting schedule to this form prior to obtaining signatures.

Course by Arrangement must be approved by: the student, the faculty member, the advisor, Dept Chair or Program Coord., the Dean and the VPAA. COCE Director's approval is also necessary for COCE students. No request will be processed without the appropriate signatures.

Student Name: First Middle Last

Student ID: Student E-mail:

Course Title and Number (as it appears in the catalog):

Start Date: End Date:

Semester Term: Center:

Letter Attached: Yes No Syllabus Attached: Yes No Meeting Schedule Attached: Yes No

Reason for this request: (required)

Student Signature Date

Supervising Faculty Signature Date

Advisor Signature (Day Student) Date

Center Director Signature (CCCE Student) Date

Dept. Chair/Program Coord. Signature Date

Dean Signature Date

Vice President Academic Affairs Signature Date

Day students should return this form to the Office of the Registrar, COCE students should submit this form to their advisor.

Remember to make certain that all information is legibly printed. Incomplete forms or illegible information may result in the delay or denial of your request.