

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 or CE/SNHU Online Director, the Dean and the VPAA. 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 (CE/SNHU Online Student) Date

Dean Signature Date

Vice President Academic Affairs Signature Date

Day students should return this form to the Office of the Registrar; continuing education and SNHU Online 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.