

Office of the Registrar

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

Course Waiver/Substitution/Other Special Requests Form

Student Name _____ ID# _____

Address _____
Tel# _____

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 _____