

Office of the Registrar

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

Petition for a Graduate Certificate

Graduation Date (check one):
[] For May conferral, petition by November 1
[] For September 15 conferral, petition by May 1
[] For January 15 conferral, petition by September 1

Student Name: _____
First Middle Last
(as it should appear on the Certificate, please print)

Student ID or SS#: _____ Center of Record: _____

Personal email address: _____

Cell phone #: _____

Certificate: _____

Specific Courses in Progress or Remaining:

Current Mailing Address:
Street Address
Additional Street Address
City State Zip
Country
Daytime Telephone

Mail Diploma To:
[] Check here if same as current mailing address.
Street Address
Additional Street Address
City State Zip
Country

Students must satisfy all obligations to Southern New Hampshire University including financial responsibilities, library loans and athletic equipment returned prior to receiving a certificate or transcript; this includes employer and third party billings.
Student Signature Date