



SOUTHERN NEW HAMPSHIRE UNIVERSITY

REQUEST FORM

COURSE WAIVER/SUBSTITUTION/OTHER SPECIAL REQUESTS

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.....