



## UNH at Manchester Notice of Intent to Complete Certificate Program

Print or type your name as it should appear on your certificate. The address below is your certificate mailing address.

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Certificate Mailing Address

\_\_\_\_\_  
City State Zip Code

Concentration: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

- Please circle Certificate:
- Business & Accounting Skills for Managers
  - Communication Skills for Managers
  - Community Leadership
  - Conflict Management in Organizations
  - Human Behavior Studies

Month and Year of Intended Graduation: Dec May Sep 20\_\_\_\_\_

Please sign this form. Your signature authorizes us to change the name on your permanent academic records (if applicable).

\_\_\_\_\_  
Student Signature

Please submit this form to the Academic Counseling Office four months prior to your intended completion date. If you do not submit this form, NO CERTIFICATE WILL BE ORDERED FOR YOU.

Mail to: 400 Commercial Street, Manchester, NH 03101

UNIVERSITY of NEW HAMPSHIRE at MANCHESTER  
400 Commercial Street, Manchester, NH 03101 | 603-641-4101

[www.unhm.unh.edu](http://www.unhm.unh.edu)