

UNIVERSITY OF NEW HAMPSHIRE AT MANCHESTER

Change of Registration Form

SOCIAL SECURITY NUMBER _____ SEMESTER _____

NAME _____
Last First M.I.

ADDRESS _____

Are you currently admitted to the UNHM Degree Program? Yes No SLL Course
 Are you withdrawing for this semester? Yes No SLL Student
 Are you currently receiving VA benefits? Yes No Withhold
 Are you currently receiving Financial Aid? Yes No
 If you are electing Pass/Fail, is this first course in which you have done so? Yes No

I wish to add the following course(s)

Course Dept.	Course Number	Course Title	Course Ref. No.

I wish to drop the following course(s)

Course Dept.	Course Number	Course Title	Course Ref. No.

I wish to change the following course(s) from Credit to Audit Audit to Credit

Course Dept.	Course Number	Course Title	Course Ref. No.

I wish to opt for PASS/FAIL grading alternative in the following course(s):

Course Dept.	Course Number	Course Title	Course Ref. No.

NOTE: The official date that this request is effective is that date on which the completed form is received by the student records office or postmark date if mailed. All financial adjustments will be computed as of that date.

Credit Card # _____ Expiration Date _____ Authorized Name _____
 Student's Signature _____ Date _____
 Instructor's Signature _____ Date _____
 Counselor's Signature _____ Date _____
 Student Records _____ Date _____