

University of New Hampshire at Manchester

Change of Registration Form

Student ID Number _____ Semester _____

Last Name _____ First Name _____ M.I. _____

Address _____

Are you withdrawing for this semester? Yes No
 Are you currently receiving VA benefits? Yes No
 Are you currently receiving Financial Aid? Yes No

FOR OFFICE USE		
Level	Campus	College
<input type="text"/>	<input type="text"/>	<input type="text"/>

01/10|WB064

I wish to **ADD** the following course(s):

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

I wish to **DROP** the following course(s):

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

I wish to change the following course(s) from **credit to audit** **audit to credit**

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

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

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

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

Student's signature _____ Date _____

Instructor's signature _____ Date _____

Advisor's signature _____ Date _____

Registration _____ Date _____



**University of
New Hampshire**
at Manchester

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