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STUDENT I.D. NUMBER

LAST NAME **FIRST NAME** **MI**

UNIVERSITY OF NEW HAMPSHIRE

Graduate Registration Form

Return with signatures to: Registration Office, Stoke Hall, 1st floor.

Local Phone_____ Email _____

Type of change: (Add, Drop, or Audit)	Course Ref No. (CRN)	Department	Course No.	Section No.	# of credits (if variable)	Instructor's signature	Date

Student's Signature **Date**

NOTE: *If your address or phone number has changed, please see Registrar's Office Forms @* ***unhinfo.unh.edu/registrar****.*

- **DEADLINES: Click on *Course Schedule and Registration Information* on MyUNH *(blackboard.unh.edu).***
- **For Pass/Fail option, please use a PASS/FAIL form (undergraduates only). Forms available at Registration Office in Stoke Hall (not available online).**
- **Financial Holds can prevent registration.**

For Office use Only:

Banner_____ **Date** _____

Rev 6/2009