



# UNIVERSITY of NEW HAMPSHIRE

## OFFICE OF THE REGISTRAR

### CONTINUING EDUCATION & SUMMER SESSION

#### PETITION FOR VARIANCE IN TUITION/FEE REFUND POLICY

Today's Date: \_\_\_\_\_

Student ID# (last 4 digits):

Student Name: \_\_\_\_\_  
Last First MI

*	*	*	-	*	*	-				
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Local Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ College: LSA LA EPS WSBE HHS GRAD TSAS

Class: FR SO JR SR Other: \_\_\_\_\_ Major/Curriculum/Dept: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

I request \_\_\_\_\_

Reasons for this request \_\_\_\_\_

Student Signature

Comments: \_\_\_\_\_

**Action:**

Approve

Deny

\_\_\_\_\_ Administrative Signature

\_\_\_\_\_ Date