

Enrollment Support Services

33 South Commercial Street, Manchester, NH 03101 Fax: 603.314.1486

Attestation Form

ē			applied for admission to the college derstand that one requirement for
I hereby certify that:			
I graduated f			
Initial	Name of High School		
	City, State		Date of Graduation (MM/YYYY)
	gh School Equivalency		
Initial	Type of E	quivalency (GED, HiSET, etc.)	
	City, State		Date of Exam (MM/YYYY)
Student Information: Name at Time of Attendance			Date of Birth
untrue, I understand that I	0 0	n or high school equivalency con n requirement of SNHU and I w from SNHU.	•
institutional financial aid th			V financial aid and any state or copriate source and that I will be
		d correct to the best of my knowledge. Fur trators to confirm the accuracy of the abov	
Student Signature:			Date:
Email Address:			