

Retroactive Add, Drop, or Registration

Name <i>(Current Name on SB Records)</i>	SBU ID # <i>(not Social Security)</i>	Department/Program
SBU E-mail Address	Phone	Request for Semester/Year (Circle one) Fall Spring Summer 20__

*After obtaining all required signatures students must take or email this form to the Registrar's Office for Processing within posted deadlines.
All approved petitions require a \$20 processing fee at the time they are submitted.*

Section 1. Please change my current registration through the following (use A and/or B as appropriate)

A. Add or drop retroactively the following course(s). <u>Do not use this form to drop all courses.</u>						
Add	Drop	5 Digit Class Code	Dept Code	Course #	Section #	Credits
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
B. Change the credits or section retroactively for the following course(s)						
Credit Change	Section Change	5 Digit Class Code	Dept Code	Course #	Section # From / To	Credits From / To
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___ / ___	___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___ / ___	___ / ___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___ / ___	___ / ___

Section 2. Please register me retroactively for the _____ semester, 20__

5 Digit Class Code	Dept Code	Course #	Section #	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I petition to make the above changes in my schedule due to the reason stated below. If applicable, I understand that if I drop below a full-time load, I will lose my support and financial aid [international students may violate their status]. (Students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses. See Student Accounts for more information).

Student Signature _____ **Date** _____

Any retroactive adds or registrations after snapshot require the approval of the instructor of the course. The Graduate Program Director's Signature will indicate the instructor's approval. The signature must be from the Graduate Program Director of student's degree program. **IT IS THE STUDENTS RESPONSIBILITY TO GET THEIR GPD/INSTRUCTORS SIGNATURES. FORMS NOT SIGNED WILL NOT BE APPROVED.**

Graduate Program Director _____ **Date** _____

GRADUATE SCHOOL APPROVAL *(Forms are void if not received by the Registrar's Office within 15 days of GS approval)*

Denied Reason: _____

Approved GS/SPD Representative: _____ **Date** _____