Retroactive Add, Drop, Registration and Withdrawal

The Graduate School

This petition will not be processed unless student information is complete.

Name _____ SBU I.D. Number | | | | | | | | |

Last Name First Name (Do Not Use Social Security No.)

Academic Level ❑ G1 ❑ G2 ❑ G3 ❑ G4 ❑ G5 Semester _____ Year _____ Today's Date _____

Department/Program _____

Please choose one of the the following:

- ❑ **I will wait at the Graduate School until form is signed (8:30 - 5:00, Monday - Friday)**
- ❑ **Pick-up form when contacted by phone:** | | | |-| | | |-| | | | |
- ❑ **Pick-up form when contacted by e-mail:** _____
- ❑ **Please send form to my degree program**

Please choose one of the the following:

- ❑ **Retroactive Credit Change, Section Change, Add or Drop** (Go to Section 1, A and/or B)
- ❑ **Retroactive Registration** (Go to Section 2)
- ❑ **Retroactive Withdrawal** (Go to Section 3)

Students must take this form to the Registrar's Office for Processing within posted deadlines.

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):

Add	Drop	Department Code	Course Number	Section Number	Semester Credits
❑	❑				
❑	❑				
❑	❑				

B. Change the credits or section retroactively for the following course(s):

Credit Change	Section Change	Department Code	Course Number	Section Number FROM / TO	Semester Credits FROM / TO
❑	❑			/_____	/_____
❑	❑			/_____	/_____
❑	❑			/_____	/_____

Total credits before change: _____ Total credits after change: _____

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

Department Code	Course Number	Section Number	Semester Credits

Section 3. Please withdraw me retroactively from all courses for the _____ semester, 20 ____

❑ I hereby petition to be withdrawn from all courses for this semester and have been properly advised regarding financial penalties and academic policies.

I petition to make the above changes in my schedule due to the reason stated below. 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]. (Attach additional pages if needed. Instructor must provide statement of non-attendance or date of last attendance with grade. Students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses.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 retroactive registrations after snapshot will also require the approval of the instructor of the course. The Graduate Program Director's Signature will indicate the instructor's approval. Signature must be from the Graduate Program Director of student's degree program.

DEPARTMENTAL APPROVAL _____ _____

Graduate Program Director Date

GRADUATE SCHOOL APPROVAL(All approvals are void if not received by the Registrar's Office within 30 days of Graduate School approval)

❑ Denied Reason: _____

❑ Approved Dean: _____ Date: _____