OFFICE OF STUDENT SERVICES
HEALTH SCIENCES CENTER

STATE UNIVERSITY OF NEW YORK
AT STONY BROOK

Petition for Late Add / Drop or Late Registration Activity

Name: _____   School: _____

SBID: _____   Date: _____   Telephone: _____

CURRENT PERIOD: _____ Late Add / Drop   _____ Late Registration

PAST PERIOD: _____ Retroactive Add / Drop   _____ Retroactive Registration

Instructions to student:

1. Complete this form and obtain school approval.
2. Obtain clearance and further instructions from Office of Student Services, Level 2, Room 271, HSC.

Activity Add / Drop	Class Nbr.	Course(s)Letter Code	Course(s)Nbr. Code	Section Nbr.	Credits	Session	Term

State the reason why it is necessary to make a change in your program after the deadline for add / drop, or for late registration. Please note that students who drop below full-time load (12 credit hours per semester) will have their status changed to part-time and this may affect their financial assistance. Part-time students adding courses must pay for the additional credits. The appropriate add / drop or registration form(s) must be attached to this petition with all signatures.

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Approved: _____   Checked: _____
    Dean or Dean's Representative   Office of Student Services

Date: _____   Date: _____