

### Retroactive Add, Drop or Registration

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

Name <i>(Current Name on SB Records)</i>	SBU ID # <i>(not Social Security)</i>	Academic Level <i>(check one)</i> <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> G5
Request for Semester/Year (Circle one) <b>Fall   Spring   Summer   20_____</b>	Department/Program	
E-mail	Phone	Today's Date <i>(mm/dd/yy)</i>

*After obtaining all required signatures students must take 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)**

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

<b>5 Digit Class Code</b>	<b>Dept Cod</b>	<b>Course #</b>	<b>Section #</b>	<b>Credits</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 may lose my support and financial aid [international students may violate their status]. (Part-time/non-matriculated students should contact their financial aid/support provider to determine whether support will be affected by the change.) (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. <u>If enrolled as a non-matriculated student, the signature of the Graduate Program Director will be substituted by the instructor.</u>	
Graduate Program Director _____	Date _____
<b>GRADUATE SCHOOL/SPD APPROVAL</b> <i>(Forms are void if not received by the Registrar's Office within 30 days of GS/SPD approval)</i>	
<input type="checkbox"/> Denied	Reason: _____
<input type="checkbox"/> Approved	GS/SPD Representative: _____ Date _____

**For online students:** An e-mailed statement of support from the Graduate Program Director/Instructor of the course will be required for a retroactive add/drop or registration. E-mails of support for SPD students should be sent to: [spd@stonybrook.edu](mailto:spd@stonybrook.edu)