

THE GRADUATE SCHOOL

Request Form For Late Add/Change/Withdraw

BINGHAMTON
UNIVERSITY
STATE UNIVERSITY OF NEW YORK

The Graduate School
PO Box 6000
Binghamton, New York 13902-6000
607-777-2151, Fax: 607-77-2501
gradschool.binghamton.edu

Instructions

1. Include a clear justification.
2. Obtain approval and signatures from course instructor and department representative.
3. Submit to Graduate School (AD134) for final approval.
4. Submit to Registrar's Office (SW119).

Request Details

Action Requested: Add Withdraw Delete Change Grading

Are you receiving a stipend/tuition scholarship? Yes No

Last Name: _____ First Name: _____

E-mail: _____ B#: _____

Course Name and Number: _____ Semester: _____

Title if Independent Study: _____ # of credits: _____

Justification (please specify)

NOTE: THIS IS A REQUEST FOR CONSIDERATION ONLY

- If **processing a late add, I ACCEPT FINANCIAL LIABILITY** for tuition and fees related to course enrollment change requested on this form.
- If **processing a late drop, I understand** that I will not receive a reduction in charges in accordance with the SUNY Board of Trustees policy.
- **I understand** that academic deadlines add and drop deadlines are not related to the deadlines for determining tuition liability.
- **I agree to make payment** by the deadline on my next electronic billing statement and acknowledge that late or partial payments are subject to additional fees.
- **I understand** that outstanding balances will result in an Accounts Receivable hold that will prohibit access to registration and transcripts.
- **I understand** that I will be liable to pay the Late Add/Change/Withdraw Fee of \$20 for each late registration change requested.

Student Signature: _____ Date: _____

Approvals

Note: 500-589 level courses cannot be graded S/U

Instructor Name: _____ Signature: _____ Date: _____

Action: Add Withdraw Delete

Change grading to: Letter Grade Grade S/U

Program Director Name: _____ Signature: _____ Date: _____

Action: Add Withdraw Delete

Change grading to: Letter Grade Grade S/U

Graduate School Authorized Signature: _____ Date: _____

Action: Add Withdraw Delete

Change grading to: Letter Grade Grade S/U

Comments: _____

STUDENT ACCOUNTS Receipt Number: _____ REGISTRAR'S Processing Date: _____