THE GRADUATE SCHOOL

Request for Late Add/Withdraw/Delete/Change

Student Accounts receipt number:

BINGHAMTON UNIVERSITY THE GRADUATE SCHOOL

PO Box 6000 Binghamton, New York, 13902-6000 607-777-2077, Fax: 607-777-2501 gradschool.binghamton.edu

Instructions

- Provide a clear justification
- Obtain approval and signatures from course instructor and graduate director
- Submit to the Graduate School (Couper Administration Building room 108 or graduate@binghamton.edu)

Request Details Action requested:	Add W	ithdraw Dele	ete Change Gr	rading	
Are you receiving a	stipend/tuition scholars	ship? Yes	No		
Name:			B Number:		
Last	First	Midd	lle Initial		
Email:					
Course name and number:			Semester:		
CRN:			Number of credits:		
Justification (plea	se specify)				
form. If processing a I understand th I agree to make additional fees. I understand th I understand th I understand th	late drop, I understand that at academic deadlines add a payment by the deadline or at outstanding balances will at I will be liable to pay the	I will not receive a reductind drop deadlines are not a my next electronic billing result in an Accounts RecLate Add/Change/Withdra	on in charges in accordance related to the deadlines for g statement and acknowledge reivable hold that will prohi aw Fee of \$20 for each late	course enrollment change requested on this e with the SUNY Board of Trustees policy. determining tuition liability. The set that late or partial payments are subject to bit access to registration and transcripts. registration change requested. Date:	
	courses cannot be grad			Dotor	
Instructor name: Action:	Add	Signatu Withdraw	Delete	Date:	
Change grade to:	Letter Grade	S/U Grade			
Program director name:		Signature:		Date:	
Action:	Add	Withdraw	Delete		
Change grade to:	Letter Grade	S/U Grade			
Graduate School representative:		Signatu	ıre:	Date:	
Action:	Add	Withdraw	Delete		
Change grade to:	Letter Grade	S/U Grade			
Comments:					

Registrar's processing date: