

# 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: \_\_\_\_\_