

## INSTRUCTIONS

Shaded areas must be completed for accurate processing.

Use ball-point pen and press firmly when writing on this form.

1. Complete the ADD or DROP section, including the reasons for the request with your signature and date.
2. Obtain the course instructor's signature.
3. Submit the petition to CEO Advising for final approval.
4. Return for results and, if approved, take the petition to Student Accounts to pay the \$15 late processing fee.
5. Submit the petition to the Registrar's Office to have this course added or dropped from your record.

**Petition must be submitted to the REGISTRAR'S OFFICE within two weeks of approval to be accepted.**

### STUDENT ACCOUNTS

Receipt number \_\_\_\_\_

Student dropped last course

Yes  No

REGISTRAR'S OFFICE

processing date \_\_\_\_\_

### DISTRIBUTION:

WHITE — Registrar

YELLOW — CEO Advising Office

PINK — Department of Major

GOLD — Student

# Continuing Education & Outreach

**BINGHAMTON**  
UNIVERSITY

State University of New York

## NON-DEGREE UNDERGRADUATE PETITION REQUEST FORM FOR LATE ADD OR DROP COURSE

Submit this petition to the CEO Academic Advising Office for final approval.

please print

Name Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS number \_\_\_\_\_  
Local address \_\_\_\_\_  
E-mail \_\_\_\_\_ Local phone \_\_\_\_\_

### LATE ADD PETITION

Course name and number _____	Date attendance started _____
<b>choose one:</b> Grading Option <input type="checkbox"/> Normal <input type="checkbox"/> Pass/Fail	<b>fill in:</b> Section _____ Semester _____ Year _____ <input type="checkbox"/> Lec. _____ <input type="checkbox"/> Dis. _____ <input type="checkbox"/> Act. _____
Comments:	
Student Signature _____	Date _____
Instructor <i>print</i> _____	Date _____
<i>sign</i> _____	

### LATE DROP PETITION

Course name and number _____	<input type="checkbox"/> Never attended this class	<input type="checkbox"/> Extraordinary circumstances led me to make this request. (Attach documentation.)
<b>choose one:</b> Grading Option <input type="checkbox"/> Normal <input type="checkbox"/> Pass/Fail	<b>fill in:</b> Section _____ Semester _____ Year _____ <input type="checkbox"/> Lec. _____ <input type="checkbox"/> Dis. _____ <input type="checkbox"/> Act. _____	<input type="checkbox"/> Stopped attending this class on this date _____
Comments:		
Student Signature _____	Date _____	
Instructor <i>print</i> _____	Date _____	
<i>sign</i> _____		

### CEO ADVISING OFFICE ACTION

CEO Advising/Dean's Office \_\_\_\_\_ Date \_\_\_\_\_

DENIED  APPROVED  ADD COURSE  DROP COURSE/DELETE  DROP COURSE/AWARD "W"

Comments: