The Graduate School, Stony Brook University
Retroactive Add, Drop or Registration

Stony Brook, NY 11794-4433
This petition will not be processed
unless student information is complete

Name (Current Name on SB Records)	SBU ID # (not Social Security)	Academic Level (check one)
Delvison Castillo	107302515	☒ G1 ☐ G2 ☐ G3 ☐ G4 ☐ G5

Request for Semester/Year (Circle one)	Department/Program	
Fall (Spring) Summer 20_15_	Computer Science M.S.	

E-mail	Phone	Today's Date (mm/dd/yy)
Delvison.Castillo@stonybrook.edu	+82 010-2182-4849	06/04/15

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)

A. Add or drop retroactively the following course(s). *Do not use this form to drop all courses.*

Add	Drop	5 Digit Class Code	Dept Code	Course #	Section #	Credits
☒	☐	57360	CSE	540		3
☒	☐	54743	CSE	504		3
☒	☐	55467	CSE	532		3
☒	☐	51540	CSE	591		3

B. Change the credits or section retroactively for the following course(s)

Credit Change	Section Change	5 Digit Class Code	Dept Code	Course #	Section # From / To	Credits From / To
☐	☐				___ / ___	___ / ___
☐	☐				___ / ___	___ / ___
☐	☐				___ / ___	___ / ___

Section 2. Please register me retroactively for the _Spring_ semester, 20 _15_

5 Digit Class Code	Dept Code	Course #	Section #	Credits
57360	CSE	540		3
54743	CSE	504		3
55467	CSE	532		3
51540	CSE	591		3

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 will lose my support and financial aid [international students may violate their status]. (Students are subject to the current Tuition Liability Schedule on all retroactive dropped/withdrawn courses. See Student Accounts for more information).

Student Signature _Delvison Castillo_   Date _6/10/15_

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.

Graduate Program Director _____ Date _7/22/15_

GRADUATE SCHOOL APPROVAL (Forms are void if not received by the Registrar's Office within 30 days of Graduate School approval)

☐ Denied   Reason: _____

☐ Approved   Dean: _____ Date _____