

a stipend/tuition scholarship? Yes No

Name: _____ B Number: _____
Last First Middle Initial

Email: _____

Coursename and number: _____ Semester: _____

CRN: _____ Number of credits: _____

Justification (please specify)

NOTE: THIS IS A REQUEST FOR CONSIDERATION ONLY

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

Instructor name: _____ Signature _____ Date: _____

Action: