

**UNIVERSITY AT BUFFALO**  
**GRADUATE STUDENT EXCEPTIONAL REGISTRATION CHANGE FORM**

Send completed form and all attachments to: The Graduate School, 408 Capen Hall, Buffalo, NY 14260-1608

Student's Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_ Student Number: \_\_\_\_\_

\_\_\_\_\_ Check one: Master's  Doctoral

\_\_\_\_\_ Check one: Matriculated  Non-matriculated

Email address: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
**(REQUIRED)**

PLEASE NOTE THE FOLLOWING SUNY POLICY – When you register, you assume responsibility for paying all tuition and fees associated with your registration. You must pay even if you did not attend a single class unless you have dropped or resigned your courses according to the published deadlines.

**NATURE OF THE REQUEST:**

**Late Course Add**

Course ID	Course Title	Semester	Grade	Credit Hours
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**Late Course Drop**

Course ID	Course Title	Semester	Grade	Credit Hours
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**JUSTIFICATION FOR THE REQUEST (attach additional information as necessary)**

**REQUIRED SIGNATURES**

Note: Signatures must be obtained indicating approval of all additions/resignations. The undersigned agree with the reasoning presented by the student for the aforementioned request and request the transaction be approved by the Graduate School. Instructors: Please provide appropriate grade forms where applicable. Registration cannot be updated without it.

Student: \_\_\_\_\_ Instructor 1: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Instructor 2: \_\_\_\_\_

OSA Approved: \_\_\_\_\_ Instructor 3: \_\_\_\_\_

Final Action Taken (circle one): Approve Disapprove Other

Reason for disapproval/other action: \_\_\_\_\_

**A Request for Financial Adjustment**

\_\_\_\_\_ If approved, I request that this petition be forwarded to Student Accounts for consideration of financial adjustment of my account. Approval of this academic request is not a guarantee of associated financial adjustment. Moreover, I understand that if I am receiving financial aid and my request for financial adjustment is approved, I may be required to immediately repay some or all of my financial aid, which may affect any refund I receive. Additional documentation may be required based on financial adjustment requirements.

Processing Purposes Only:  
 Date completed petition entered in SRC tracking system \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
 Decision: \_\_\_\_\_ Revised 8/19/03

Authorized name and signature of staff making petition decision \_\_\_\_\_  
 \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_