

- Fall 20__
- Winter 20__
- Spring 20__
- Summer 20__

If you are receiving, or plan to receive, financial aid and/or TAP benefits, you must be enrolled in approved courses required for your degree program.

Schedule change requested for:

_____ *Last Name* _____ *First Name* _____ *Curriculum* _____ *SUNY BROOME ID#*

CRN#	ADD the following courses: CRN#	CRN#	DROP the following

Explanation:

_____ An explanation is required after the term begins

Please read and sign the following statement: All of the information given above is true and correct. I agree to pay promptly all charges owed to the College, and take responsibility for any collection costs incurred in the collection of this debt. If I decide to change my education plans, I will notify the SUNY Broome Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. To the best of my knowledge, I have met all the prerequisites for enrollment in the courses above. I agree to abide by all College rules and regulations.

_____ *Authorized Signature*

An Add/Drop fee may be charged after term begins.

REGISTRAR OFFICE USE ONLY

_____ *Student Signature*