Registrar's Office
Permission to Drop Co-Required Course(s)

Drop Co-required Course – Students who are currently enrolled in two or more co-required courses and obtain permission from the appropriate department(s) to drop one of the co-required courses must complete this form.
Drop Course Needing Permission – Students who are currently enrolled in a course that need permission to drop and obtain permission from the appropriate department/office must complete this form.

Students must obtain the appropriate signature(s) and submit this form to the Registrar's Office for processing. This form will be processed by the Registrar's Office for the following registration transactions by the deadline dates as indicated in the Undergraduate Academic Calendar. *http://stonybrook.edu/registrar/acadcal.htm*

AFTER the add/drop deadline has passed, an approved petition will be required to accompany this form if the change will result in the student's registration status altering from full-time to part-time OR part-time to full-time. **(12-19 cr. = Full-Time; 11 cr. or below= Part-Time)**

Student Name: _____ (SBID#): _____

Student Signature: _____ Date: _____

Transaction(s) to be Processed:

- **DROP A COURSE THAT REQUIRES PERMISSION:**

  ⇒DROP Current Course & Section #: _____ 5 Digit Class Nbr: _____

  Authorized Department Signature: _____ *(Date)* _____

- **DROP A COURSE WITH APPROVAL TO REMAIN IN CO-REQUIRED COURSE:**

  ⇒**DROP** Course & Section #: _____ 5 Digit Class Nbr: _____

  ⇒**DROP** Course & Section #: _____ 5 Digit Class Nbr: _____

  ⇒**REMAIN IN COREQUIRED COURSE** & Section #: _____ 5 Digit Class #: _____

  ⇒**REIMAIN IN COREQUIRED COURSE** & Section #: _____ 5 Digit Class #: _____

  Authorized Department Signature : _____ *Department* _____ *(Date)* _____
  Signature must be obtained from the Department of the co-required course that the student is remaining in.

Falsification of signatures is punishable as Academic Dishonesty.
Registrar's Office retains all submitted forms for verification of instructor signature.

FOR OFFICE USE:
Date Processed: _____; Staff Initials: _____ (Form revised: 02/05/09)