

REGISTRAR'S OFFICE  
***UNDERGRADUATE CREDIT CHANGE/SECTION CHANGE***

- USE THIS FORM TO PROCESS A SECTION OR CREDIT CHANGE AFTER THE ADD/DROP DEADLINE.
- THIS FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE BY THE SECTION/CREDIT CHANGE DEADLINE AS PUBLISHED IN THE ACADEMIC CALENDAR at [www.stonybrook.edu/registrar](http://www.stonybrook.edu/registrar).

**Section Changes** – Students who wish to switch from one section of a course to a different section of the same course.

**Credit Changes** – Students registered in a permission restricted, variable credit course, who have been approved a change in credits must have the signature of the instructor and/or authorized staff in the department to make a change to their credits. **If the approved change in credits will change the student's registration from full-time to part-time, an approved underload petition will be required AFTER the add/drop deadline has passed. (12-19 cr. = FT; 11 cr. or below= PT) THIS APPROVED FORM SHOULD ACCOMPANY YOUR PETITION REQUEST.**

***Students who have not processed a Section/Credit change by the published deadline, will be required to petition to the appropriate college office.***

Student Name: \_\_\_\_\_ (SBID#): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• **Section Change:**

Current Course & Section #: \_\_\_\_\_ & Class Number: \_\_\_\_\_

⇒ **NEW SECTION#:** \_\_\_\_\_ & Class Number: \_\_\_\_\_

*Instructor Signature (or Authorized Department Signature):* \_\_\_\_\_ (Date) \_\_\_\_\_

**APPROVAL to OVERRIDE CLASS LIMIT OF NEW SECTION:**

\_\_\_\_\_ (Date) \_\_\_\_\_

*Instructor or Departmental Signature*

**IMPORTANT NOTE:** Unless Approval is provided, Student must find an open section to register for this course

• **Credit Change:**

Course & Section #: \_\_\_\_\_ & Class Number: \_\_\_\_\_

⇒ **CHANGE # OF CREDITS FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ CREDITS

*Instructor Signature (or Authorized Department Signature):* \_\_\_\_\_ (Date) \_\_\_\_\_

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

FOR OFFICE USE: Staff Initials \_\_\_\_\_

Date Processed: \_\_\_\_\_