

Committee on Academic Standing – PETITION
School of Professional Development (SPD)
Stony Brook University

N-201 Social and Behavioral Sciences
Stony Brook, NY 11794-4310
Tel: 631.632.7050, option 3 • FAX: 631.632.4992

Stony Brook (SB) ID # _____ **Date** _____
 (Required)

Name _____ **Cell Phone** _____

Address _____ **Day Phone** _____

City _____ **State** _____ **Zip** _____ **Night Phone** _____

E-mail Address (print clearly) _____

Please indicate appropriate student status or degree and/or certificate program: MA/LS MPS M.A.T.
 Advanced Graduate Certificate: _____ GSP (Non-matriculating Graduate Student)

▶ Complete this section to ADD , WITHDRAW , or ENROLL :								
Course Letters (Ex. CEE 599)	Course No.	Section No.	Term (Semester)	Year	No. of Credits	ADD	WITHDRAW	ENROLL
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ Complete this section if you are petitioning SPD to waive a policy relating to other than the above categories. (Common reasons for petitioning: time extension to complete program; restart of GPA; removal of NR (officially Withdraw from class); readmission to original program after satisfying GPA requirements; accept graduate credits in excess of the 12 maximum allowed at GSP (non-matriculating graduate student) status [maximum 6 credits for certificate programs], etc.) _____

Please state reason for this petition and provide justification as to why a waiver should be granted in this case. Attach all relevant documentation to support your reason. (Attach a separate sheet of paper if additional space is needed.)

Student Signature _____ **Date** _____

FOR SPD USE ONLY **Approved** **Denied** **Date** _____

Action Required by: _____

SPD Committee on Academic Standing
 Coordinator: _____ Date: _____