

Binghamton University
School of Management

CLOSED COURSE PETITION
GRADUATE MATRICULATED STUDENT

Semester _____ **Year** _____

COURSE NAME & NUMBER: _____ I will only accept this section.

SECTION DESIRED: _____ If this section is unavailable, I will accept any section.

NAME: _____ SSN _____

Total Credits Completed Including Fall '98: _____ Major: _____

Explain why you are requesting this course:

Will you need to drop a course if this is approved? (T) Yes No

If yes, which course? _____

If my request is approved, I give the School of Management permission to register me in the course requested, if necessary. I will be responsible for tuition charges associated with the course registration. I understand that if I wish to drop the course I must do so through the on-line registration system.

Student Signature Date: _____

Approved: _____ Denied: _____ Signed: _____ Date: _____

Comments:

Return to: SOM Advising, A130, PO Box 6015, Binghamton, NY 13902-6015