

**REGISTRAR'S OFFICE
ADJUSTMENT FORM
(For Drop Downs/Moving Up)**

This form will be processed by the Registrar's Office for the following **registration transactions ONLY**. This form may be used for MAP/MAT, and PHY courses that allow for undergraduates to drop down or move up to a higher-level MAP/MAT or PHY course after the add/drop deadline. **These registration changes MUST be processed by the approved deadline date as published in the academic calendar (www.stonybrook.edu/registrar).** After the approved deadline date, **students MUST file a PETITION** for this transaction to be processed and the student will have a "W" withdrawal recorded on their academic record.

- **Approved Move Ups / Drop Downs (PHY)** - Deadline date to process a move into a **lower or higher-level** course is determined by the Undergraduate Department and College Curriculum Committee. Check with the appropriate department for the **approved deadline date**. **Signature required from the Instructor (or Program Director) for the new course you are switching into.**
- **Approved Move Ups / Drop Downs (MAT or MAP)** – Deadline date to process a move into a **lower or higher-level** course is determined by the Undergraduate Department and College Curriculum Committee. Check with the appropriate department for the **approved deadline date**. **Signature required from the Instructor (or Program Director) for the new course you are switching into.**


Student Name: _____ (SBID# or SS#): _____

Student Signature: _____ **Date:** _____

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

• **Approved Drop Down:**

Current Course & Section #: _____ & Class Nbr: _____

 **NEW COURSE & SECTION#:** _____ & Class Nbr: _____


Instructor's Signature (or Authorized Dept. Signature): _____ (Date) _____

Undergraduate College Advisor or Freshman Advisor _____ (Date) _____
(For first semester freshman only)

If class is closed, approval to override class limit (Approval by Undergraduate Program Director OR designee).
Undergraduate Program Director Signature _____ Date _____

• **Approval To Move Up:**

Current Course & Section #: _____ & Class Nbr: _____

 **NEW COURSE & SECTION#:** _____ & Class Nbr: _____

Instructor's Signature (or Authorized Dept. Signature): _____ (Date) _____

Undergraduate College Advisor or Freshman Advisor _____ (Date) _____
(For first semester freshman only)

If class is closed, approval to override class limit (Approval by Undergraduate Program Director OR designee).
Undergraduate Program Director Signature _____ Date _____

FOR OFFICE USE:

Date Processed: _____; Staff Initials: _____