

Add Drop Schedule Adjustment Request Form

Student Name: _____ Effective Semester: _____
 SUNY Broome ID#: _____ Academic Advisor: _____
 Date of Birth: _____ Major: _____
 SUNY Broome Email: _____ Do you live on campus?: _____
 Phone Number: _____

CRN# ADD the following courses: CRN# DROP the following courses:

I have contacted Financial Aid and Student Accounts about how adjusting my schedule may impact me financially. I agree to the terms of the refund statement on this link: <https://www2.sunybroome.edu/financialaid/refunds/>

I understand that when I register for any class at SUNY Broome Community College, I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of services.

If I decide to change my education plans, I will notify the Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. To the best of my knowledge, I have met all the prerequisites for enrollment in the courses above. I agree to abide by all College rules and regulations.

I agree to pay promptly all charges owed to the College, and take responsibility for any collection fees incurred in the collection of this debt.

All of the information above is true and correct.

Student Signature: _____ Date: _____

Advisor/Chair Signature: _____ Date: _____

Signature required after the start of the term for matriculated students only