

**General Petition Form**

<input type="checkbox"/> <b>SBU</b> <input type="checkbox"/> <b>FIT</b>	<b>Official Major:</b>	<b>SBU: SOLAR ID# / FIT: @ ID#</b>	Are you appealing a previously denied petition? <input type="checkbox"/> YES (Additional Documentation Required) <input type="checkbox"/> NO
<b>Name</b> (Last) (First) (Initial)			<b>E-mail Address:</b>
<b>Home Address</b> (No. & Street) (Town/City) (State) (Zip)			<b>Mobile Phone:</b> ( ) -

**Semester/Year involved:**    ☐ Fall 20\_\_\_\_    ☐ Spring 20\_\_\_\_    ☐ Summer I 20\_\_\_\_    ☐ Summer II 20\_\_\_\_  
 (Check and write the semester/year in relevance to the petition, NOT your entry year)

**Petition for (you may check more than one):**

- |                                                                                                    |                                                                                             |                                                                                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Late Addition: _____<br><i>(List all courses &amp; sections)</i>          | <input type="checkbox"/> Late Withdrawal: _____<br><i>(List all courses &amp; sections)</i> | <input type="checkbox"/> Late Registration: _____<br><i>(List all courses &amp; sections)</i> |
| <input type="checkbox"/> Overload for: _____ credits<br><i>(20- 24 credits)</i>                    | <input type="checkbox"/> Underload for: _____ credits*<br><i>(Under 12 credits)</i>         | <input type="checkbox"/> Course Equivalency: _____ credits<br><i>(Max 6 credits)</i>          |
| <input type="checkbox"/> Repeat Course 3rd time: _____<br><i>(List all courses &amp; sections)</i> | <input type="checkbox"/> ACADEMIC REINSTATEMENT                                             | <input type="checkbox"/> SCHOLARSHIP REINSTATEMENT                                            |
| <input type="checkbox"/> Stony Brook Visit                                                         | <input type="checkbox"/> Other: _____                                                       |                                                                                               |

\* ARE YOU ON A D-2 OR D-4 VISA?    ☐ YES \_\_\_\_\_    ☐ NO \_\_\_\_\_  
*(SIGNATURE OF INTERNATIONAL STUDENT ADVISOR FOR UNDERLOADS ONLY)*

Reason for Request (Use additional paper if necessary):

\_\_\_\_\_  
*Student Signature                      Date*

.....Do Not Write Below This Line.....

**Decision:**

☐ Approved    ☐ Denied    ☐ Tabled

\_\_\_\_\_  
*Confirmed By*

\_\_\_\_\_  
*Date*

☐ Approved    ☐ Denied    ☐ Tabled

\_\_\_\_\_  
*Confirmed By*

\_\_\_\_\_  
*Date*