

SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY
SYRACUSE, NEW YORK 13210

LATE REGISTRATION OR DROP/ADD FEE WAIVER REQUEST

Name _____

Address _____

E-mail Address _____

I hereby request that the **Late Registration** or **Drop/Add Fee** (circle one) be waived for the _____ semester due to the following extenuating circumstances: (use back if needed)

Date

Signature

Submit to Cynthia Sedgwick, 110 Bray Hall. You will receive notification of waiver request decision via e-mail within 72 hours of submission.

Request Approved

Request Denied

Cynthia Sedgwick
Dean of Student Life & Experiential Learning