

Fall 2009

BINGHAMTON UNIVERSITY
Health and Wellness Studies Department
Course Petition Form

IT IS YOUR RESPONSIBILITY to make sure that you DO NOT have schedule conflicts and to check your schedule to make sure the information is correct. Understand that registering for any HWS course automatically includes a \$30 NON REFUNDABLE fee.

Name _____ D.O.B. _____ Today's Date _____

B# _____ Phone# _____

E-mail _____ Semester _____ Year _____

Course # **HWS** _____ CRN# _____ Section# _____

Course Name _____

Instructor Signature

For Office Use Only:

Date Posted: _____ By: _____