

DROP/ADD FORM



Fill out everything on this form, sign, and submit it to Student Services.
Print neatly.

Polytechnic Institute Columbus

Name: _____ Semester: _____

Email: _____ PUID: _____

Phone: _____ IUID: _____

DROP

Dept./Course #	Class #	CRN # (Leave Blank)	Day	Time	Credit Hours	Instructor Signature (required after 4th week of semester)	W/WF

Are you dropping ALL your courses: : Reason for Drop: Instructor Time Conflict
 No, I will still be enrolled Family Job Related Other:
 Yes (see box below) Finances Medical _____

When dropping all courses, you must complete the online Withdrawal from the University request , in addition to this drop form. The online request form is in the Registration tab on your myPurdue account. After submitting the online request, contact Student Services for processing - do NOT contact Office of the Dean of Students. Include your PUID.
 Anji McKinney: amckinne@purdue.edu Whitney Ramer : wnramer@purdue.edu

ADD

Dept./Course #	Class #	CRN # (Leave Blank)	Day	Time	Credit Hours	Instructor Signature (required after 4th week of semester)

Student Signature: _____ Date: _____

Advisor Signature: _____

..... OFFICE USE ONLY

One.IU _____ Notes: _____
 PU Banner _____
 Hold Removed - _____