

Fall 2021 Advising

PUID: _____

Name: _____

Address: _____

City, State Zip: _____

Purdue Email: _____

Phone: _____ **Degree Candidate:** CERT | A.S. | B.S.

Full Time: Yes | No Financial Aid: _____

Method of Payment:

- Grants/scholarships _____
- Student loans _____
- VA/Request Form _____
- CDV/CVO _____
- Other: _____

www.purdue.edu/dfa

Dept./Course #	Title	CRN #	Day(s)	Time	Location	Credit Hours	Comments/Notes
						Total Credit Hours	

Catalog Term: _____ Date of Admission: _____ POS: _____
 PU Banner _____

ACTION REQUIRED BY STUDENT:

Employer: Full Time Part Time School to Work Apprentice

Responsibility for completing graduation requirements is SOLELY that of the student.

Drop/Add Form required for schedule changes: purdue.edu/Indianapolis

Student Signature: _____ Date: _____

Alternate Email: _____

Text#: * _____ *Writing your text#, you allow Purdue to send text messages. All msg & data rates apply.

- Provider: AT&T Verizon
 Sprint Alltel T-Mobile