OFFICE OF THE REGISTRAR
FORM 23 (11/2013)
PURDUE UNIVERSITY

SCHEDULE REVISION REQUEST

OFFICE USE

1. PUID _____ 2. NAME _____
LAST FIRST MIDDLE

3. Spring 4. YEAR 2018 5. COLLEGE PI 6. MAJOR _____ 7. Choose From List

	Office Use	A-Add D-Drop M-Modify	CRN	Subject	Course No.	Var. Credit	W/ WF	P/ NP	Instructor Signature Date	Department Head Signature Date
1										
2										
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AUTHORIZATIONS:

_____ _____
SIGNATURE OF STUDENT DATE ADVISOR SIGNATURE PHONE NO. DATE PRINTED NAME

ADVISOR COMMENTS:

BURSAR USE

OFFICE OF THE REGISTRAR COMMENTS: