

SPRING 2018

Advisor Schedule Recommendation



Polytechnic Institute Columbus

PUID _____ IUID _____
 Name _____
 Address _____
 City, State, Zip _____
 Purdue Email _____
 Phone _____ Degree Candidate: Cert AS BS

Full Time: Yes No **Financial Aid:** _____
Method of Payment:
 Grants/Scholarships _____
 Student Loans _____
 VA/Request Form _____
 CDV/CVO _____
 Other _____
www.purdue.edu

Dept/Course #	Class #	CRN#	Day(s)	Time	Credit Hours	Comments/Notes
						Total Credit Hours

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

Catalog Term _____ Date of Admission _____ POS _____
 One.IU/Permission _____ One.IU/V35 Hold _____ PU Banner _____

ACTION REQUIRED BY STUDENT:
 Access to One.IU ends: _____

Employer: _____
 Full Time Part Time School to Work Apprentice

Alternate Email/Phone: _____

Student Signature: _____ **Date:** _____

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

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