INDIANA COLLEGE NETWORK (ICN)
DROP/WITHDRAWAL FORM

Before you drop a course(s), you must contact your campus advisor and provide a signed Form 23. When dropping a course, the refund policy and drop schedule of Purdue University–West Lafayette will apply.

Home Institution: PURDUE UNIVERSITY – WEST LAFAYETTE

Legal Name: _____________________________________________________________

PU ID: ______________________  E-Mail: ________________________________

Session:  Fall 200 ____  Spring 200 ____  Summer 200 ____

DROPPING COURSE   WITHDRAWING FROM COURSE   DATE OF LAST ATTENDANCE

Date: _______________  Date: _______________  Date: _______________

Reason for Drop/Withdrawal: _____________________________________________________

Course Number: _____________________________________________________

Start Date: _____________________________  End Date: ___________________________

Home Institution: PURDUE UNIVERSITY – WEST LAFAYETTE

Originating Institution: ______________________________________________________

Student Authorization: ______________________________________________________

Student Signature     Date

Authorization to Share Information with the ICN Originating Institution
I authorize Purdue University and Continuing Education to provide the information on this form to the institution offering the course or courses through Indiana College Network that I wish to drop.

Student Signature: ______________________________________________________

FOR OFFICE USE ONLY:

SSC: _____________________  HI: _____________________  ORIG: ___________________

EA / EOU

Revised 8/10/07