

**Application
For Continuing Education** Continued



Course Request

Campus _____

Session _____

Subject	Course Number	Credit Hours	Division	*Grade Option

* If P = pass/no pass grade to be issued
If blank = letter grade to be issued

Do you expect to receive a Purdue degree at the end of this session? ____ Yes ____ No

I consent and authorize Purdue University faculty and/or staff to access my Purdue University academic record for University business. ____ Yes ____ No

Signature of Applicant

Date of Signature

*Although your Social Security Number (SSN) is not required, it is requested to accurately process your application with other records. Disclosure of your SSN will be restricted to University business processes, such as those required for federal and state reporting as well as institutional purposes. By providing your SSN, you authorize the University to disclose it to third parties as necessary for these purposes.