

DEPARTMENT of BIOLOGICAL SCIENCES

Rotation Graduate Student ONLY BANNER REGISTRATION FORM

PUID _____

Term _____

Year _____

NAME _____
LAST

_____ FIRST

_____ MI

<p>Registration PIN:</p> <p>_____</p>
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COURSE INFORMATION					
<u>Add</u> <u>Drop</u> <u>Modify</u>	CRN	SUBJECT	COURSE #	Credit Hours	Course Name
		CAND		1	WILL YOU BE GRADUATING AT THE END OF THE ABOVE TERM/YEAR?

check all that apply:

- Teaching Assistantship
 Research Assistantship
 Training Grant : Name _____
 Assistantship/Fellowship _____
 Name/Type: _____

AUTHORIZATIONS

SIGNATURE OF STUDENT DATE

SIGNATURE OF ADVISOR DATE

NOTE: Be sure your fees are paid by the due date on MyPurdue to avoid cancellation of your registration. Failure to do this will result in cancellation of your registration and a \$200 late fee.

Home address

NOT your lab Street _____ City _____ Zip _____

Local Phone _____ Work Phone (Lab) _____ Office/LAB Rm. # _____