

Name: _____
Last First Middle (Maiden)

PUID (not required) _____ Date of Birth __/__/____

Address _____
Street

City State Zip

E-mail _____
(Required)

Telephone: Home (____) _____ Work (____) _____

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

Do you require auxiliary aids or services because of a disability? ____ Yes ____ No

Undergraduate Degree Information Included? ____ Yes ____ No

Campus: CEC

Term: _____

Subject	Course Number	Credit Hours	CRN	Section	*Grade Option
EDPS	59000	3	86455	DISC	

Name of Course: Social and Affective Development of Gifted Students

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

 Signature of Applicant

 Date of Signature