

# Retroactive Research Change Request

(For XXXX 69800, XXXX 69900, XXXX 69810, or TECH 64000 Research Only)

Name: \_\_\_\_\_ PUID: \_\_\_\_\_

Program: \_\_\_\_\_ Email: \_\_\_\_\_

Term of Requested Registration Change: \_\_\_\_\_

**Add** Subject/Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_ # of Credits Requested \_\_\_\_\_

**Modify** Subject/Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_ # of Credits Requested \_\_\_\_\_

**Drop** Subject/Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_ # of Credits Requested \_\_\_\_\_

**Justification:** Provide justification for the late request, and confirmation that the requested change(s) appropriately reflect research efforts in the above term. If research is being added, provide details regarding research accomplishments in this term. If this registration was missed due to illness or bereavement reasons, additional documentation may be required.

**Student Acknowledgement:** By signing below, I acknowledge that the outcome of this appeal may impact my Financial Aid, tuition fee statement, progress toward degree completion, athletic eligibility, International Student status and/or Veteran status. I have spoken to all appropriate offices and understand the impact this appeal may have.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Major Professor Approval:** By signing below, I affirm that the credit modification(s) requested above accurately reflect the student's research efforts in the term indicated. If this student is requesting to add research, I also agree to submit the grade for this through myPurdue if the credit addition is fully approved.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Faculty ID \_\_\_\_\_

**Head/Chair of the Graduate Program Approval:**

Head/Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**Graduate School Approval:**

Dean of the Graduate School (or designee) \_\_\_\_\_ Date \_\_\_\_\_