



**PURDUE UNIVERSITY  
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS**

**SUMMER SESSION APPROVAL FORM**

*REQUEST WILL NOT BE CONSIDERED WITHOUT VERIFICATION FROM THE SCHOOL THAT THE HOURS OR COURSES ARE REQUIRED FOR GRADUATION.*

**The final determination on your eligibility to receive Athletic Financial Aid for Summer School will be based on Athletic Department policy regarding this matter.**

**(PLEASE PRINT)**

Student Name : \_\_\_\_\_ SS #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Summer Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sport: \_\_\_\_\_ School: \_\_\_\_\_ Major: \_\_\_\_\_

Current Year of Eligibility:    1     2     3     4                       Cumulative GPA: \_\_\_\_\_

Year 1st at college: \_\_\_\_\_ Year 1st enrolled at Purdue: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Indicate prior Summer Session enrollment(s) and number of hours taken:

19 \_\_\_\_ hrs, 19 \_\_\_\_ hrs, 20 \_\_\_\_ hrs

Number of hours completed toward degree \_\_\_\_\_ IGPA \_\_\_\_\_

Number of credits enrolled in during Spring Semester: \_\_\_\_\_

Number of credits withdrawn from \_\_\_\_\_ Number of courses failed \_\_\_\_\_

Reason for requesting Summer Session Aid:

Maintain eligibility:     Lighten course load:     Graduate:     Restore eligibility:     Retake courses:

**TO BE COMPLETED BY THE SCHOOL ACADEMIC ADVISOR**  
Please list the courses and modules in which student will be registered during the Summer session. If the course is not required for graduation, please explain why the student needs to take this course this Summer.

COURSES	CREDIT	REQUIRED FOR GRADUATION Y or N	MODULE ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I understand that withdrawing from any class will result in my GIA being prorated or cancelled according to my remaining academic load.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Academic Advisor's Office Phone: \_\_\_\_\_

Athletic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Services Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_