

2015-2016
OFFICE OF THE REGISTRAR
Signature Authority
Records, Registration, and Graduation Services

College/School _____ Department _____ Bldg/Rm _____ Phone # _____

The following staff member(s) have authority to act on my behalf in the area(s) designated:

(Print or type the staff member's name and a sample signature in each appropriate area. If more than one staff member has authority to act in a given area, use one line for each person.)

1. Change of Degree Objective (CODO) - Authority granted to:

(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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2. Credit by Exam - Authority granted to:

(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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3. Degree Candidate Cert/Multiple Degree Programs - Authority granted to:

(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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4. Departmental Credit - Authority granted to:

(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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(typed/printed name)	(signature)
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See Other Side

5. **Grade Corrections** - Authority granted to:

(typed/printed name)

(signature)

(typed/printed name)

(signature)

(typed/printed name)

(signature)

6. **Late Adds and Grade Option Changes** - Authority granted to:

(typed/printed name)

(signature)

(typed/printed name)

(signature)

(typed/printed name)

(signature)

7. **Withdrawal** - Authority granted to:

(typed/printed name)

(signature)

(typed/printed name)

(signature)

(typed/printed name)

(signature)

8. **Honors contract Approval** - Authority granted to:

(typed/printed name)

(signature)

(typed/printed name)

(signature)

Approval by Dean or School Head:

(typed/printed name)

(signature)

Date

Return this form by the beginning of the Fall Term to Sarah Rumpke, Administrative Assistant,
Office of the Registrar, Hovde Hall, Room 60 or send to srumpke@purdue.edu. Please call 46133 for questions.