

Subject to 6 drop
YES/NO

COURSE ADD/DROP FORM

Student Information (Please Print)

TC ID # _____

Name _____
Last
First
M.I.

Term/Year _____
 (ex. Fall 2008)

Add/Drop	Course number and section	Instructor
Add/Drop		
Add/Drop		
Add/Drop		
Add/Drop		
Add/Drop		
Add/Drop		
Add/Drop		
Add/Drop		

Student's Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

IF SUBJECT TO 6 DROP:

First Time/First-year students for Fall 2007 and thereafter – read the information on the reverse. Before dropping a course, you must consult with an academic advisor.

Select your reason for dropping the course and provide a brief explanation (2-3 sentences) below:

<input type="checkbox"/> Medical (MED)	<input type="checkbox"/> Work Schedule (WORK)
<input type="checkbox"/> Family Medical (FAM)	<input type="checkbox"/> Administrative Correction (ADCOR)
<input type="checkbox"/> Death of Family Member (DFM)	(Consult with your advisor.)
<input type="checkbox"/> Military Leave (MIL)	<input type="checkbox"/> Other reason (F2TH) (DISC) (O) (DCSD)

Explanation: _____

I am initiating this drop and take responsibility for the consequences that may occur pursuant to section 51.907 of the Texas Education Code (relating to the 6 drop rule).

Student's Signature: _____ Date: _____

A grade notation of W will be recorded for the course(s) listed on this form.
 If not approved, you may appeal to VP of Educational Services.

<input type="checkbox"/> Approved – exempt from the 6-drop policy <input type="checkbox"/> Not approved – course counts toward 6-drop limit(WC)	
Advisor Signature Appeal: _____	
Vice President's Signature _____	Date _____