



Course Schedule Change

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Last Name _____ First _____ MI _____

Student's ID. No. _____

DROP COURSE(S) <small>Do not list courses to be cancelled.</small>				ADD COURSE(S)				Instr. Initials for Add or Drop
Subject	Number	Section	Credits	Subject	Number	Section	Credits	

The following signature is required for all transactions:

Advisor: _____ Date _____

For proper advisement please see the following departments:

- Counseling Office: _____ Date _____
- Retention Coordinator: _____ Date _____
- Financial Aid/
Sponsor/VA: _____ Date _____
- Business Office/
Student Accounting: _____ Date _____
- Housing Office: _____ Date _____

- Add
- Drop

Withdraw From All Courses

Reason for Withdrawal:

- Academic Difficulties (AC)
- Excessive Absences (AB)
- Financial Difficulties (FI)
- Schedule Conflict w/Work (SC)
- Severe Illness (SI)
- Block Withdrawal (BW)
- CE Level Classes (CE)
- Dual Credit Classes (DCP)
- Developmental Level Classes (DEV)
- Care of Sick, Injured, Needy Person in Family (CA)
- Transfer to another Inst (TI)
- Military Duty (MI)
- Death of Family Member (DE)

★The official effective notification date for any add, drop or withdrawal is the date entered below by the Admissions/Student Records Office. Please keep a copy of this form until final grades are posted and/or appropriate refund is received.

Student Signature _____

I request any refund due to be mailed to this address:

Street Address _____ Apt# _____
City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY:

Other, Good Cause (GC)

★ Effective Date _____

Admissions/Student Records Office Signature _____

Semester: _____ Major: _____

Date Processed _____

By: _____

Notes: _____