

Course Schedule Change

www.tstc.edu

Last Name	First	MI

Student's ID. No.

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

Add Drop

Withdraw From All Courses

Reason for Withdrawal:

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

★ The official effective notification date for any add, drop or withdrawal is the date entered below by the Admissions/Student Records Office to which the form should be returned for processing.

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

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 _____

Student Accounting/
Receivables: _____ Date _____

Housing Office: _____ Date _____

FOR OFFICE USE ONLY:

Other, Good Cause (GC)

★ _____
Effective Date Admissions/Student Records Office Signature

Semester: _____ Major: _____

Date Processed By:

Notes: _____