

Last Name	First	MI

Student's ID No.:   Veteran

DROP COURSE(S) <small>Do not list courses to be canceled.</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"/> Other, Good Cause (GC)         |
| <input type="checkbox"/> Developmental Level Classes (DEV) | <input type="checkbox"/> Care of Sick, Injured, Needy Person in Family (CA) |   |

**COVID-19 Reason Codes:**

- Documentation may be required.
- Severe Illness     
  Death of a Family Member  
 Other: \_\_\_\_\_

★ The effective date for course add, drop or withdrawal is the date entered below by TSTC Official. Please keep a copy of this form until final grades are posted and/or appropriate refund is received.

**Student Signature**

Consent to update address \_\_\_\_\_ (Initial)  
 I request any refund due to be mailed to this address:

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**The following signature is required for all transactions:**

Enrollment Coach/  
 Faculty Advisor: \_\_\_\_\_ Date \_\_\_\_\_

**For proper advisement, please see the following departments:**

- Administrative Withdrawal  
TSTC Official: \_\_\_\_\_ Date \_\_\_\_\_
- Veterans  
Office: \_\_\_\_\_ Date \_\_\_\_\_
- Student Accounting/  
Receivables: \_\_\_\_\_ Date \_\_\_\_\_
- Housing Office: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

★    
 Effective Date      Date Processed

Semester: \_\_\_\_\_ Major: \_\_\_\_\_

Records Office Signature \_\_\_\_\_

Notes: \_\_\_\_\_