

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT DROP REQUEST

*Please use **BLACK** or **BLUE INK** only.*

Print Name: _____ Student ID #: _____
 E-mail Address: _____
 Today's Date: _____ Semester: _____ # Hours remaining: _____

I am aware dropping may affect my: ___ Academic standing <https://www1.dcccd.edu/standing>
 ___ Potential tuition increases <https://www1.dcccd.edu/tuition>
 ___ Program completion <https://econnect.dcccd.edu/degreePlan.html> (Requires Log In)
 ___ Third Attempt tuition policy <https://www1.dcccd.edu/3attempt>
 ___ Six Drop Limit <https://www1.dcccd.edu/6drop>

Are you receiving financial aid this semester? Yes No
 Are you an International Student? Yes No

For further information, see DCCCD online catalog or contact the Financial Aid / International Student Office.

Course(s) to be Dropped

	Course	Number	Section	Reason Code*		
				<small>(Can include up to three Reason Codes for each class)</small>		
(Ex.)	ENGL (Example)	1301 (Example)	2001 (Example)	3 (Ex.)	13 (Ex.)	19 (Ex.)
1.						
2.						
3.						
4.						
5.						
6.						

*A Reason Code must be selected

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Call to active duty in the Texas National Guard or Armed Forces 2. Change of family status/ responsibility 3. Death of family member or personal friend 4. Responsible for care of sick or injured family member or personal friend 5. Personal illness 6. Change in work schedule 7. Catastrophic event 8. Course level not appropriate 9. Financial difficulties 10. Completed TSI or other placement requirements | <ul style="list-style-type: none"> 11. Technology issues 12. Moving out of the area 13. Transportation issues 14. Course is not needed 15. Dissatisfied with my grades 16. Course load too heavy 17. Too many absences 18. Dissatisfaction with instructor 19. Other (Please list on comment line below) |
|--|---|

Comment Line: _____

I verify the above drop selection(s) are truthful and represent my understanding of the academic implications.

Student Signature: _____ Staff Signature: _____ Date: _____
 College Location: _____ Staff Comment: _____

STUDENT TOTAL WITHDRAWAL

I certify by signing this form that I am aware of the above academic implications and I am requesting total withdrawal from this institution.

Student Signature: _____ Staff Signature: _____ Date: _____

Information on this document is subject to change due to Federal, State or Dallas County Community College District policy changes.

Distribution: *White* - Registrar *Yellow* - Student