



**2022/2023 DUAL CREDIT  
COURSE ADD/DROP FORM**

Name \_\_\_\_\_ TC ID # \_\_\_\_\_ Semester \_\_\_\_\_  
           Last                                  First                                  M.I.

**Part 1: Advising Center – Start Drop Process**

High School Attend \_\_\_\_\_

A grade notation of W may be recorded for the course(s) listed on this form.

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

**Part 2: Advising Center – Complete Drop Process**

1. Please select your reason for dropping the course and provide a brief explanation below:

<input type="checkbox"/> Medical Emergency (MED)	<input type="checkbox"/> Work Schedule (WORK)	<input type="checkbox"/> Military Leave (MIL)
<input type="checkbox"/> Family Crisis (FAM)	<input type="checkbox"/> Failure to thrive (F2TH)	<input type="checkbox"/> Other reason (DISC) (O) (DCSD)

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved** – exempt from the 6-drop policy     **Not approved** – course counts toward 6-drop limit  
 If not approved, you may appeal to VP of Educational Services. (Please see Advising Director for more information).

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

**My signature is my acknowledgement of initiating a course drop/withdrawal. I also understand that this action may make me liable for any remaining tuition balance not covered by Financial Aid.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Student has been successfully dropped from the class(es) listed in Part 1.**

High School Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Student has been successfully dropped from the class(es) listed in Part 1.**

Dual Credit Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_