

# 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 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**

Consent to update address \_\_\_\_\_ (Initial)

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:**

- TSI 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      Date Processed

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

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

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