

☐ Brookhaven ☐ Cedar Valley ☐ Eastfield ☐ El Centro ☐ Mountain View ☐ North Lake ☐ Richland

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:

<input type="checkbox"/> Academic standing	https://www1.dcccd.edu/standing
<input type="checkbox"/> Potential tuition increases	https://www1.dcccd.edu/tuition
<input type="checkbox"/> Program completion	https://econnect.dcccd.edu/degreePlan.html (Requires Log In)
<input type="checkbox"/> Third Attempt tuition policy	https://www1.dcccd.edu/3attempt
<input type="checkbox"/> 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*		
				<i>(Can include up to three Reason Codes for each class)</i>		
(Ex.)	ENGL (Example)	1301 (Example)	23001 (Example)	3 (Ex.)	13 (Ex.)	19 (Ex.)
1.						
2.						
3.						
4.						
5.						
6.						

***A Reason Code must be selected**

- | | |
|---|--|
| 1. Call to active duty in the Texas National Guard or Armed Forces | 11. Technology issues |
| 2. Change of family status/ responsibility | 12. Moving out of the area |
| 3. Death of family member or personal friend | 13. Transportation issues |
| 4. Responsible for care of sick or injured family member or personal friend | 14. Course is not needed |
| 5. Personal illness | 15. Dissatisfied with my grades |
| 6. Change in work schedule | 16. Course load too heavy |
| 7. Catastrophic event | 17. Too many absences |
| 8. Course level not appropriate | 18. Dissatisfaction with instructor |
| 9. Financial difficulties | 19. Other <i>(Please list on comment line below)</i> |
| 10. Completed TSI or other placement requirements | |

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