### Schedule Change Form

Note: If you are receiving financial aid or veteran's benefits, your award amount may be affected by a change in enrollment. Please contact the Financial Aid or Veteran's Affairs Office to determine if your award will be affected.

- **GI BILL RECIPIENT**, please check box.  
- **FA RECIPIENT**, please check box.

**Drops:** Under Section 51.907 of the Texas Education Code, "an institution of higher education may not permit a student to drop more than **SIX** courses, including any course a transfer student has dropped at another Texas public institution of higher education." This statute was enacted by the State of Texas in Spring 2007 and applies to students who enroll in a public institution of higher education as first-time freshmen in the fall 2007 semester or later. Students enrolled prior to fall 2007 are not affected. Any course that a student drops is counted toward the six-course limit unless the student is completely withdrawing from the institution or meets one of the eligibility criteria for a waiver. A "drop" in this instance is considered when a student is dropped or withdrawn from a course after official day resulting in a grade of "W." Please refer to the catalog for any additional information regarding the eligibility criteria for a waiver.

**STUDENT’S REASON FOR THIS TRANSACTION:**
**PLEASE CHECK ONE (1):**
- 41 – Change of Work Schedule-1231
- 42 – Active Military-1231
- 43 – Severe Illness or Debilitating Condition-1231
- 44 – Care of Sick, Injured or Needy Person-1231
- 45 – Death of Family Member or Close Relation-1231
- 46 – Class Cancelled-1231
- 47 – Complete Withdrawal
- 49 – Dual Credit Drop
- 50 – Course Content/Grade-1231
- 53 – Lack of Transportation-1231
- Reinstatement

**FOR ADMINISTRATIVE USE ONLY**
- 51 – Excessive Absences-1231
- 52 – Non-Payment-1231
- 54/64 – Problem with Instruction-1231
- 55/65 – Instructor Request-1231
- 56/66 – Administrative-1231

(Documentation Required)

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**DROPS**

**ADDS**

Comments: ____________________________________________

Student Signature ____________________________ Date ___________ 

Student Services Representative ____________________________ Date ___________