



Schedule Change Form

Last Name _____ First _____ MI _____ LSC ID # _____
(Please Print Legibly)

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.

VA Representative Signature: _____ FA Representative Signature: _____

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 A "drop" in this instance is considered when a student is dropped or withdrawn from a course after official day resulting in a grade of "W." Please refer to the catalog for any additional information regarding the eligibility criteria for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):**

- Fall _____
 Spring _____
 Mini _____
 Summer _____
 Mini _____

- 41 - Change of Work Schedule
 42 - Active Military (requires documentation)
 43 - Severe Illness or Debilitating Condition
 44 - Care of Sick, Injured or Needy Person
 45 - Death of Family Member or Close Relation
 46 - Class Cancelled
 47 - Complete Withdrawal
 50 - Grade
 53 - Lack of Transportation
 Reinstatement

FOR ADMINISTRATIVE USE ONLY

- 51 - Excessive Absences
 52 - Non-Payment
 54/64 - Problem with Instruction
 55/65 - Instructor Request
 56/66 - Administrative

 (Documentation Required)

DROPS

CLASS #	SUBJECT	CATALOG #	SECTION #	LAST DATE OF PARTICIPATION	APPROVAL

ADDS

CLASS #	SUBJECT	CATALOG #	SECTION #	APPROVAL

Comments: _____

 Student Signature

 Date

 Student Services Representative

 Date