

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
Eastfield College Dual Credit Drop Request Form

*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: Academic standing <https://www1.dcccd.edu/standing>
 Potential tuition increases <https://www1.dcccd.edu/tuition>
 Program completion <https://econnect.dcccd.edu/degreePlan.html> (Requires Log In)
 Third Attempt tuition policy <https://www1.dcccd.edu/3attempt>
 Six Drop Limit <https://www1.dcccd.edu/6drop>

Course(s) to be Dropped

(Ex.)	Course	Number	Section	Reason Code*		
				3 (Ex.)	13 (Ex.)	19 (Ex.)
	ENGL (Example)	1301 (Example)	2001 (Example)			
1.						
2.						
3.						
4.						
5.						
6.						

(Can include up to three Reason Codes for each class)

***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 (Please list on comment line below) |
| 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: _____ HS Official _____

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.