

## Q-Drop Request Form

This form can be filled out with Adobe Acrobat and then printed for signatures.  
Any questions may be directed to the Records Section 979-845-1003 or [records@tamu.edu](mailto:records@tamu.edu).

<b>Last Name</b>		<b>First Name</b>		<b>Student ID</b>	
<b>Local Street Address</b>			<b>Local City, State , Zip</b>		<b>Contact Phone Number</b>
<b>Major Field of Study</b>		<b>Classification</b>	<b>Are you a degree candidate this term?</b>		<b>Are you a student-athlete?</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the semester for which q-drop is applicable: (current term only)					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Summer 10-week      YEAR: _____					
<b>Course(s) for which Q-Drop is requested:</b>					
<b>Course prefix (ex: acct)</b>		<b>Course number (ex: 229)</b>		<b>Course section (ex: 501)</b>	
<b>Please select the SINGLE most important reason for requesting Q-Drop.</b>					
<input type="checkbox"/> A. Conflict – employment/child care <input type="checkbox"/> B. Employed too many hours <input type="checkbox"/> C. Excessive course load <input type="checkbox"/> D. Medical <input type="checkbox"/> E. Financial <input type="checkbox"/> F. Death in the Family <input type="checkbox"/> G. Dropping out of Corps <input type="checkbox"/> H. Changing major <input type="checkbox"/> I. Dropping to add another course			<input type="checkbox"/> J. Not required for graduation <input type="checkbox"/> K. Do not have prerequisites <input type="checkbox"/> L. Cannot pass qualifying exam <input type="checkbox"/> M. Course too difficult <input type="checkbox"/> N. Not doing well in class <input type="checkbox"/> O. Missed too many classes <input type="checkbox"/> P. Difficulty with professor <input type="checkbox"/> Q. Professor hard to understand <input type="checkbox"/> R. Personal Other		
<b>To be completed by Student</b>			<b>To be completed by Academic Department Or Dean's Office</b>		
By signing this form I certify my understanding that hours for Q-dropped courses <b>WILL NOT BE USED TO DETERMINE ENROLLMENT STATUS</b> and I may no longer be considered full-time if my enrolled hours drop below the minimum required based on career level (undergraduate or graduate) and the term in which the drop occurs. I understand dropping below full-time status may adversely impact financial aid, eligibility for tuition rebate, eligibility as a dependent for insurance coverage, veteran's benefits, athletic eligibility, scholastic probation, eligibility for extracurricular activities and some types of employment, etc. <b>INTERNATIONAL STUDENTS SHOULD RECEIVE PRIOR APPROVAL FROM INTERNATIONAL STUDENT SERVICES BEFORE DROPPING BELOW FULL-TIME.</b>			<b>Number of semester hours BEFORE drop:</b> _____  <b>Number of semester hours AFTER drop*:</b> _____  * Student-Athletes (including practice players, managers, and trainers) MUST receive approval from Athletic Compliance before dropping below 12 hours in a fall or spring semester. These drops will be forwarded to the Office of the Registrar by Athletic Compliance for processing.		
Student Signature			Authorizing Signature of Dean and/or Department		
Date			Date		
<b>For student-athletes dropping below 12 Hours in a fall or spring semester:</b>					
Athletic Compliance		Date		Athletic Certification (Office of the Registrar)	
				Date	