



For office use only: Date Received: _____ Date Processed: _____

Drop Request Form

Drop Q-Drop

Student Name: _____ **Date:** _____

Student ID: _____

Please select the reason for requesting the Drop	
A. Medical	G. Course too difficult
B. Excessive Course Load	H. Not doing well in class
C. Employed too many hours	I. Missed too many classes
D. Financial	J. Difficulty with the Professor
E. Death in the Family	K. Personal/Other _____
F. Changing Major	

CRN #	SUBJECT	COURSE #	SECTION	PART OF TERM

I understand that by dropping the course(s) this may affect my financial aid refund and I may be responsible for returning a portion of the funds. _____ (initials)

I understand that by dropping my course(s) this may affect my Veteran Education Benefits and I may be responsible for returning the overpayment. _____ (initials)

I understand that any refund (if applicable) will be based on the refund policy as set forth in the catalog and is in accordance with the mandates of the State of Texas. _____ (initials)

Student Signature

Date

Please return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452 or fax to 254-519-5486.