

**TEXAS A&M UNIVERSITY
Q-DROP REQUEST FORM**

LAST NAME		FIRST NAME		UIN	
STREET ADDRESS		CITY, STATE, ZIP		PHONE NUMBER TO CONTACT YOU	
MAJOR FIELD OF STUDY		CLASSIFICATION	Are you a degree candidate this term?		
			Yes _____ 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"/> 10-WEEK SUMMER YEAR _____					
COURSE(S) FOR WHICH Q-DROP IS REQUESTED:					
COURSE PREFIX (Ex: ACCT)		COURSE NUMBER (Ex: 229)		COURSE SECTION (Ex: 501)	
Please select the SINGLE most important reason for requesting Q-Drop.					
<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 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		
<p>By signing this form I certify my understanding that hours for Q-dropped courses <i>WILL NOT BE USED TO DETERMINE ENROLLMENT STATUS</i> 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 as a dependent for insurance coverage, veteran's benefits, athletic eligibility, scholastic probation, eligibility for extracurricular activities and some types of employment, etc. <i>INTERNATIONAL STUDENTS MUST RECEIVE PRIOR APPROVAL FROM INTERNATIONAL STUDENT SERVICES BEFORE DROPPING BELOW FULL TIME.</i></p>					
STUDENT SIGNATURE				DATE	
TO BE COMPLETED BY ACADEMIC DEPARTMENT OR DEAN'S OFFICE					
Number of semester hours BEFORE drop: _____			Number of semester hours AFTER drop: _____		
AUTHORIZING SIGNATURE OF DEAN AND/OR DEPARTMENT				DATE	