South Texas College

Office of Admissions and Records

3201 W. Pecan Blvd. • P.O. Box 9701 • McAllen, Texas 78502-9701

(956) 872-8323 • Fax (956) 872-8321

SCHEDULE CHANGE FORM

N		· A#	
Name:	First	Middle	
☐ Drop/Withdrawal ☐ Cancelled			☐ Section Change
Subject/Course/Section	Instructor Signature	Subject/Course/Section	Instructor Signature
Subject/Course/Section	Instructor Signature	Subject/Course/Section	Instructor Signature
Subject/Course/Section	Instructor Signature	Subject/Course/Section	Instructor Signature
Subject/Course/Section	Instructor Signature	Subject/Course/Section	Instructor Signature
I am subject to th appeal this reques	e Six Course Drop Limit, but I reque	st waiver of the above drop(s)	based upon:
☐ personal illness		☐ illness or death of family member	
 withdrawing from all courses for the semester 		☐ military service (requires documentation)	
☐ developmental courses ☐ other reason (please explain):		☐ employment	
O other reason (nease explain).		
of this form; I will adhere (2) if I drop a developmental responsibility to consult the consult the office of Student Final (4) the effective date of a sch	of STC is published in the Business Of to this policy, course that is required for TSI comple Office of Counseling and Advising cial aid award and drop a class, the	oliance, I may be withdrawn f g, amount of my award may be received by the Office of Adm	
Student Signature:			Date:
	VVVV Offic	e Use Only	
Please initial completed action	n:		
☐ Student is not subject to Six Course Drop Limit		-Posted "W"	
☐ Student is subject to Six Course Drop Limit, drop waived		-Posted "W"	
☐ Student is subject to Six Course Drop Limit, drop not waived		-Posted "W."	
☐ Student is subject to Six Co	ourse Drop Limit, exceeded limit	-Posted "F"	Date Processed:

OAR (white original)

Student (yellow copy)