

## 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<br><input type="checkbox"/> B. Employed too many hours<br><input type="checkbox"/> C. Excessive course load<br><input type="checkbox"/> D. Medical<br><input type="checkbox"/> E. Financial<br><input type="checkbox"/> F. Death in the Family<br><input type="checkbox"/> G. Dropping out of Corps<br><input type="checkbox"/> H. Changing major<br><input type="checkbox"/> I. Dropping to add another course   |  |                                | <input type="checkbox"/> J. Not required for graduation<br><input type="checkbox"/> K. Do not have prerequisites<br><input type="checkbox"/> L. Cannot pass qualifying exam<br><input type="checkbox"/> M. Course too difficult<br><input type="checkbox"/> N. Not doing well in class<br><input type="checkbox"/> O. Missed too many classes<br><input type="checkbox"/> P. Difficulty with professor<br><input type="checkbox"/> Q. Professor hard to understand<br><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> _____<br><br><b>Number of semester hours AFTER drop*:</b> _____<br><br>* 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   |  |