



**EL PASO COMMUNITY COLLEGE
EARLY COLLEGE HIGH SCHOOL/DUAL CREDIT PROGRAMS
STUDENT INITIATED DROP FORM AFTER CENSUS DATE**

NAME: _____ EPCC ID#: _____ TERM: _____ CAMPUS NAME: _____

CRN	COURSE #	COURSE NAME	LAST DATE ATTENDED	*ECHS/HIGH SCHOOL COUNSELOR SIGNATURE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

The Texas Education Code and Texas Higher Education Coordinating Board have imposed Drop Limits impacting certain students enrolled in Texas Institutions of Higher Education.

_____ (Initial) I understand that I cannot reverse this request and that withdrawing from the course(s) may affect my financial aid eligibility after graduation from high school.

_____ (Initial) I am not subject to the drop limit because I am in currently enrolled in an Early College High School and/or Dual-Credit program.

_____ (Initial) Other Reason _____ (Requires Dean approval)

INTERVENTIONS/COMMENTS (to be completed by ECHS/DC counselor): _____

* _____ DATE _____
 ECHS/DC STUDENT SIGNATURE

* _____ DATE _____
 PRINCIPAL/ASSISTANT PRINCIPAL (Print Name and Signature)

* _____ DATE _____
 EPCC COUNSELOR SIGNATURE (Reviewed With ECHS/High School Counselor)

***REQUIRED**

ADMISSIONS AND REGISTRATION OFFICE USE: (INITIAL WHEN COMPLETED)

Posted "W" _____ Date Processed: _____ Initials: _____

Removed Academic History _____ (Must be accompanied by an approved Student Initiated Petition Form with supporting documentation)