

**EL PASO COMMUNITY COLLEGE  
STUDENT INITIATED DROP FORM**

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ TERM: \_\_\_\_\_

CRN	COURSE #	COURSE NAME	DID YOU ATTEND?	COUNSELOR SIGNATURE <small>(NEEDED FOR F-1, ESL, DEVELOPMENTAL, DUAL CREDIT AND HEALTH STUDENTS)</small>
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 am dropping Continuing Education (CE) classes not subject to the drop limit.
- \_\_\_\_\_ (Initial) I am not subject to the drop limit (Enrolled as a regular student in a Texas College/University prior to Fall 2007 or currently enrolled in the Dual Credit program)
- \_\_\_\_\_ (Initial) I am subject to the drop limit but do not request waiver of the above drop(s) and understand that I cannot appeal this request.
- \_\_\_\_\_ (Initial) I am subject to the drop limit and request waiver of the above drop(s) based upon:
- |                              |                                    |
|------------------------------|------------------------------------|
| Personal Illness             | Illness or death of family member  |
| Employment                   | I am withdrawing from the semester |
| Military Service             | *Other Reason _____                |
| Developmental or ESL Courses | (*Requires Dean approval)          |

I understand: that I cannot reverse this request, and that if I am on Financial Aid, any drops may result in debt or ineligibility for further financial assistance, and that if I have a student loan I must complete an Exit Interview with the Financial Aid office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Financial Aid Office Clearance

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*After receiving signatures, this Form must be submitted to the Admissions & Registration Office to be processed**

Counselor: Approve waiver  
Disapprove waiver (Student may appeal directly to appropriate deans)

Comments: \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* FOR OTHER reasons and for appeal of Counselor disapproval:

Approved Not Approved Dean's Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admissions and Registration Office Use Only: (Initial Completed Action)

- |   |                     |
|---|---------------------|
| Student is not subject to 6-Drop Rule               | - Posted "W" _____  |
| Student is subject to 6-Drop Rule, drop waived      | - Posted "W" _____  |
| Student is subject to 6-Drop Rule, not waived       | - Posted "W." _____ |
| Student is subject to 6-drop Rule, Exceeded Limited | - Posted "F" _____  |

Date Processed: \_\_\_\_\_