

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

NAME: _____ EPCC ID#: _____ TERM: _____

CRN	COURSE #	COURSE NAME	LAST DATE ATTENDED	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: _____

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: _____