

Course Drop Form

 WCJC Student ID Last Name (Current Legal) First Name

 WCJC Student Email Address Preferred Phone Number

Term: Fall Winter Mini Spring May Mini Summer I Summer II 20_____

CRN	Subject (e.g. ENGL)	Course # (e.g. 1301)	Reason for Drop. Documentation required.								
			An institution of higher education may not permit an undergraduate student to drop a total of more than six (6) courses, including any from other institutions, unless the student is dropping for one of the following reasons: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Medical</td> <td style="width: 50%;">Work Schedule</td> </tr> <tr> <td>Family Medical</td> <td>Not Applicable/Other</td> </tr> <tr> <td>Death of Family Member</td> <td> </td> </tr> <tr> <td>Military Leave</td> <td> </td> </tr> </table>	Medical	Work Schedule	Family Medical	Not Applicable/Other	Death of Family Member		Military Leave	
Medical	Work Schedule										
Family Medical	Not Applicable/Other										
Death of Family Member											
Military Leave											

If you selected “Not Applicable/Other”, please state your reason for dropping your course(s). This drop will be considered “unexcused” and subject to the 6-drop limit.

In signing this form, I acknowledge my understanding that dropping courses or withdrawing from the institution may impact the following:

- **Academic Eligibility** for current/future courses and/or **Graduation Status**. Contact the Office of Admissions and Registration at registrar@wcjc.edu or 979-532-6303.
- **Accounts Receivable**, including installment plans and outstanding payments for which you will still be responsible. Contact the Business Office at installments@wcjc.edu or 979-532-6941.
- **Financial Aid Eligibility**. Contact the Office of Financial Aid at finaid@wcjc.edu or 979-532-6345.
- **Veterans’ Benefits**. Contact the Office of Veterans’ Affairs at veterans@wcjc.edu.
- **Athletic Eligibility**. Contact the Office of Athletics at claytonr@wcjc.edu or 979-532-6368.

 Student Signature (For electronic submission, type your name and WCJC student ID) Date

Email completed form to registrar@wcjc.edu. Please remember to use your WCJC email for all correspondence with the college; non-WCJC email addresses may be blocked.

Office Use Only

Processed by: _____

Revised: 0 / /202

Term Code: _____