# STC
## South Texas College

**SCHEDULE CHANGE FORM**

**Office of Admissions and Records**
**3201 W. Pecan Blvd. • P.O. Box 9701 • McAllen, Texas 78502-9701**
**(956) 872-8323 • Fax (956) 872-8321**

Year: _____ Check One Term: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III

Name: _____ SID: _____
*Last* *First* *Middle*

| ☐ Drop/Withdrawal ☐ Cancelled | | ☐ Add ☐ Section Change | |
|---|---|---|---|
| Subject/Course/Section | Instructor Signature | Subject/Course/Section | Instructor Signature |
| Subject/Course/Section | Instructor Signature | Subject/Course/Section | Instructor Signature |
| Subject/Course/Section | Instructor Signature | Subject/Course/Section | Instructor Signature |
| Subject/Course/Section | Instructor Signature | Subject/Course/Section | Instructor Signature |

The Texas Education Code and Texas Higher Education Coordinating Board have imposed the "Six Course Drop Limit," impacting certain students enrolled in Texas institutions of higher education. Please initial the applicable statement below:

_____ I am not subject to the Six Course Drop Limit, because I was enrolled in a Texas college/university prior to Fall 2007, or I am currently a dual enrollment high school student.

_____ I am subject to the Six Course Drop Limit, but I do not request waiver of the above drop(s) and understand that I cannot appeal this request.

_____ I am subject to the Six Course Drop Limit, but I request waiver of the above drop(s) based upon:

☐ personal illness
☐ withdrawing from all courses for the semester
☐ developmental courses
☐ other reason (please explain):
☐ illness or death of family member
☐ military service (requires documentation)
☐ employment

_____

In addition, I hereby acknowledge that:

(1) the current refund policy of STC is published in the *Business Office Student Guide, STC Catalog, STC Course Schedule*, and on the back of this form; I will adhere to this policy,
(2) if I drop a developmental course that is required for TSI compliance, I may be withdrawn from all college-level coursework; it is my responsibility to consult the Office of Counseling and Advising,
(3) if I have received a financial aid award and drop a class, the amount of my award may be reduced; it is my responsibility to consult the Office of Student Financial Services,
(4) the effective date of a schedule change is the date this form is received by the Office of Admissions and Records, and
(5) there is a non-refundable fee(s) for changing a schedule and/or withdrawing from all classes in a given semester or session.

Student Signature: _____ Date: _____

▼▼▼▼▼ Office Use Only ▼▼▼▼▼

Please initial completed action:

☐ Student is not subject to Six Course Drop Limit -Posted "W" _____
☐ Student is subject to Six Course Drop Limit, drop waived -Posted "W" _____
☐ Student is subject to Six Course Drop Limit, drop not waived -Posted "W." _____
☐ Student is subject to Six Course Drop Limit, exceeded limit -Posted "F" _____ Date Processed: _____

**OAR (white original)** **Student (yellow copy)**