

OFFICE OF RECORDS

Q-Drop Request Form

This form can be filled out with Adobe Acrobat and then printed for signatures. Any questions may be directed to the Office of Records or records@qatar.tamu.edu

Last Name	First Name	UIN
P.O. Box or Local Address	City, Country	Local Phone

Major Field of Study	Classification	Are you a degree candidate this term?
		YES NO

CHECK THE SEMESTER FOR WHICH Q-DROP IS APPLICABLE: (current term only)

FALL	SPRING	SUMMER I	SUMMER II	8-WEEK SUMMER	Year _____
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COURSES FOR WHICH Q-DROP IS REQUESTED:

COURSE (ex. ACCT)	NUMBER (ex. 229)	SECTION (ex. 501)

Please select the SINGLE most important reason for requesting Q-DROP:

- | | |
|---|--|
| <input type="checkbox"/> A. Conflict-employment/childcare
<input type="checkbox"/> B. Employed too many hours
<input type="checkbox"/> C. Excessive course load
<input type="checkbox"/> D. Medical
<input type="checkbox"/> E. Financial
<input type="checkbox"/> F. Death in Family
<input type="checkbox"/> G. Dropping out of Corps
<input type="checkbox"/> H. Changing major
<input type="checkbox"/> I. Dropping to add another course | <input type="checkbox"/> J. Not required for graduation
<input type="checkbox"/> K. Do not have prerequisites
<input type="checkbox"/> L. Cannot pass qualifying exam
<input type="checkbox"/> M. Course too difficult
<input type="checkbox"/> N. Not doing well in class
<input type="checkbox"/> O. Missed too many classes
<input type="checkbox"/> P. Difficulty with professor
<input type="checkbox"/> Q. Professor hard to understand
<input type="checkbox"/> R. Personal/Other |
|---|--|

By signing this form, I certify my understanding that if this Q-Drop causes my course load to drop below twelve (12) semester credit hours, I will no longer be enrolled as a full-time student. Furthermore, I understand that dropping below full-time status may adversely impact (including, but not limited to): health insurance benefits, financial aid, sponsorship, athletic eligibility, eligibility to participate in extracurricular activities, scholastic probation, etc.

STUDENT SIGNATURE _____ DATE _____

TO BE COMPLETED BY ACADEMIC DEPARTMENT OR DEAN'S OFFICE

Number of semester hours BEFORE change: _____ Number of semester hours AFTER change: _____

Academic Advisor or Dean's Office DATE _____