

**TEXAS A&M UNIVERSITY
Q-Drop Request Form**

LAST NAME	FIRST NAME	SID NUMBER		
STREET ADDRESS	CITY, STATE, ZIP	LOCAL PHONE		
MAJOR COURSE OF STUDY	CLASSIFICATION (ex. Sophomore)			
CIRCLE THE SEMESTER FOR WHICH Q-DROP IS APPLICABLE: (current term only)				
FALL SPRING SUMMER I SUMMER II 10-WEEK SUMMER YEAR _____				
COURSES FOR WHICH Q-DROP IS REQUESTED:				
COURSE (ex. ACCT)	NUMBER (ex. 229)	SECTION (ex. 501)		
**Dropping a lecture and lab at the SAME TIME counts as one Q-DROP. Q-DROPS in the following courses do NOT count against your limit of three Q-DROPS: KINE198, KINE199, any ROTC course, any one hour course (ie. BIMS101, AGLS101) with the EXCEPTION of science and geoscience labs (unless dropped with the lecture).				
Please select the SINGLE most important reason for requesting Q-DROP:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> A. Conflict - employment/childcare B. Employed too many hours C. Excessive course load D. Medical E. Financial F. Death in Family G. Dropping out of Corps H. Changing major I. Dropping to add another course </td> <td style="width: 50%; border: none; vertical-align: top;"> J. Not required for graduation K. Do not have prerequisites L. Cannot pass qualifying exam M. Course too difficult N. Not doing well in class O. Missed too many classes P. Difficulty with professor Q. Professor hard to understand R. Personal/Other </td> </tr> </table>			A. Conflict - employment/childcare B. Employed too many hours C. Excessive course load D. Medical E. Financial F. Death in Family G. Dropping out of Corps H. Changing major I. Dropping to add another course	J. Not required for graduation K. Do not have prerequisites L. Cannot pass qualifying exam M. Course too difficult N. Not doing well in class O. Missed too many classes P. Difficulty with professor Q. Professor hard to understand R. Personal/Other
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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 a full-time student. Furthermore, I understand that dropping below full-time status may adversely impact (including, but not limited to): health insurance benefits, auto insurance benefits, financial aid, athletic eligibility, INS status, veterans' benefits, 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		
AUTHORIZING SIGNATURE OF DEAN AND/OR DEPARTMENT		DATE		

	Date	Initial
Copy to Dean's Office	_____	_____
Screen 158	_____	_____
Screen 656	_____	_____
Screen 010	_____	_____