



# Q-DROP Request Form

This form can be filled out with Adobe Acrobat and then printed for signatures.

LAST NAME	FIRST NAME	UIN #
Street Address	City, State, Zip	Contact Phone Number

Major Field of Study	Classification	Are you a degree candidate this term?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Fall   
  Spring   
  Summer I   
  Summer II   
  Summer 10-week   
 YEAR:.....

COURSE(S) FOR WHICH Q-DROP IS REQUESTED:

COURSE PREFIX (Ex: ACCT)	COURSE NUMBER (Ex: 229)	COURSE SECTION (Ex: 501)

Please select the SINGLE most important reason for requesting Q-Drop.

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

To be completed by Student

To be completed by Academic Department or Dean's Office

By signing this form I certify my understanding that hours for Q-dropped courses WILL NOT BE USED TO DETERMINE ENROLLMENT STATUS and I may no longer be considered full-time if my enrolled hours drop below the minimum required based on career level (undergraduate or graduate) and the term in which the drop occurs. I understand dropping below full time status may adversely impact financial aid, eligibility as a dependent for insurance coverage, veteran's benefits, athletic eligibility, scholastic probation, eligibility for extracurricular activities and some types of employment, etc. INTERNATIONAL STUDENTS MUST RECEIVE PRIOR APPROVAL FROM INTERNATIONAL STUDENT SERVICES BEFORE DROPPING BELOW FULL TIME.

**Number of semester hours BEFORE drop:** .....

**Number of semester hours AFTER drop:** .....

.....  
Student Signature

.....  
Authorizing Signature of Dean and/or Department

.....  
Date

.....  
Date