

## Q-Drop Request Form

This form must be filled out with Adobe Acrobat and then printed for signatures. Any questions may be directed to the Academic Services Office or [aso@qatar.tamu.edu](mailto:aso@qatar.tamu.edu).

Last Name	First Name	Middle Name
UIN	Email Address	Mobile Phone

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

<b>CHECK THE SEMESTER FOR WHICH Q-DROP IS APPLICABLE: (current term only)</b>					
FALL	SPRING	SUMMER I	SUMMER II	8-WEEK SUMMER	YEAR

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 the 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 THE ACADEMIC SERVICES DEPARTMENT OR DEAN'S OFFICE**

Number of semester hours BEFORE the change \_\_\_\_\_

Number of semester hours AFTER change: \_\_\_\_\_

\_\_\_\_\_  
Academic Advisor or Dean's Office

DATE \_\_\_\_\_