



High School Concurrent Schedule Adjustment Form

DES/MC 6-17-14

Name: _____ CWID: T _____

Address: _____

Phone: (____) _____ - _____ City _____ State _____ Zip _____

TCC Email : _____@_____ Semester: (Check One) Fall _____ Spring _____ Summer _____ Year _____

Must be completed by the High School Counselor:

High School Name: _____

List/Attach a Current High School Class Schedule:

After reviewing the student's academic records, we give our permission for the student to complete the schedule adjustment for the course(s) below

⇒ **Counselor Signature:** _____ **Date:** _____

List all courses from which you wish to adjust: (See Enrollment Services for Refund and Withdraw Deadlines)

Types: **Drop**– dropped during the refund period **Add**– added during the refund period **Withdraw**– Withdraw after refund period

Type of Adjustment	CRN	Discipline	Course #	Section	Title

Reason(s) for Schedule Adjustment (Check all that apply)

Academic Reasons

- Dissatisfied with my academic performance
- Dissatisfied with the quality of teaching
- Dissatisfied with the learning environment
- Course level too advanced

Financial Reasons

- Was not able to purchase books
- Could not afford fees.

Additional Reasons

- Illness/Life Crisis
- Personal Problems
- Moving out of the area
- College experience not what I expected
- Work related conflict

Other

Initials Student Responsibility

- ⇒ _____ I understand that I am responsible to pay any outstanding financial obligations to TCC.
- ⇒ _____ I understand a "W" or Withdrawal grade will be awarded on my transcript for the courses from which I am withdrawing. I understand the consequences of withdrawing and I accept that my future financial aid status may be affected.
- ⇒ _____ I understand that making a schedule adjustment may impact my high school academic plan.

⇒ **Student Signature:** _____ **Date:** _____

**Return this form in person or by fax to any campus Enrollment Services Office
Include legible copy of a valid Driver's license or Student ID.**

Fax Numbers: Metro 918.595.7347 * Northeast 918.595.7594 * Southeast 918.595.7748 * West 918.595.8130

*****OFFICE USE ONLY*****

Enrollment Services/Advisement:

- Has the student notified the instructor (s) Yes No
- Has the student received academic advisement regarding withdrawal? Yes No

Enrollment/Advisement Signature _____ **Date:** _____