## TEXAS SOUTHERN UNIVERSITY OFFICE OF THE REGISTRAR

3100 Cleburne Street \* Houston, Texas 77004

## 713 313 7071

## PETITION TO DROP COURSES

## PLEASE PRINT USING BLACK INK

This form is to be completed by students who drop course(s) during specific term. Students who drop all classes are subject to regulations defining academic standing as printed in the University catalog or online at <a href="http://www.em.tsu.edu">http://www.em.tsu.edu</a>. THE EFFECTIVE DATE OF DROPPED COURSE(S) IS THE DATE THIS FORM IS PROCESSED AT THE ENROLLMENT SERVICES COUNTER. THIS FORM MUST BE ACCOMPANIED BY A PHOTO ID

FORM MUST BE ACCC						
Student Name:	first			mi	ddle	
	11150	middle  Major:				
Classification:		Semester:	Fall	Spring	_ Sum I	Sum II
Indicate Your Status If A	Applicable					
International Student	A Student Athlete.	A Fi	nancial A	aid Recipient	First-tim Fall 2017	ne Freshman as o
Reason for Drop (Please	e check one)					
Academic Difficulty	Financial Difficulty	_F	Iealth	_	_Housing	
Judicial Matters	Armed Forces	Personal		Work re	lated	_Others
indicates any courses a tra *Legislation enacted by the	ansfer student may have dropped d he Texas Senate (SB1231) in late s	luring enrollmer pring 2007	nt at anoth			
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