



High School Concurrent Schedule Adjustment Form

DES/MC 8-15-16

Name: _____ CWID: T _____
Address: _____
Phone: (____) ____ - ____ DOB: _____ 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.

Other

Additional Reasons

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

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 e-mail to any campus Enrollment Services Office
Include legible copy of a valid Driver's license or Student ID.**

enrollment@tulsacc.edu

*****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:** _____