

# Developmental Education

## Course Withdrawal Form

**IMPORTANT:** This form is to be used **AFTER** census date to withdraw from a Developmental course. If you are withdrawing from **ALL** classes, it is **NOT** necessary to use this form; use the standard Collin College drop form. If you are withdrawing from a **WEB** course, you may complete the form and forward it to your professor; however, you MUST meet with an advisor to complete the process.

*Student must complete page one AND complete the steps on page two, in the order listed.*

Before you can withdraw from a DE course, we want to ensure that you are aware of every support service available to you. All DE students are required to complete the course withdrawal process outlined on this form.

**STOP before you drop. Give us an opportunity to help you succeed!**

Name \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cougar Mail \_\_\_\_\_

Term: Summer I II III 20\_\_\_\_ Fall 20\_\_\_\_ Wintermester 20\_\_\_\_ Spring 20\_\_\_\_ Maymester 20\_\_\_\_

**I am requesting to withdraw from the following course:**

**Course:** \_\_\_\_\_ **Campus** \_\_\_\_\_

**Meeting Days:** M T W R F S U **Time:** \_\_\_\_\_

**Professor:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**State reason(s) for withdrawing from the course:**

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**Actions I have taken to succeed/remain in this course:**

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**NOTE:** I understand that I must ensure that all parts of this two-page document are completed **BEFORE** I can be considered for withdrawal from this course.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Professor:** I do /do not (circle one) support this request.

**Rationale:**

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I have provided information about the following support services to the student:

<input type="checkbox"/> Tutoring	<input type="checkbox"/> Learning Pods
<input type="checkbox"/> Study skills seminar(s)	<input type="checkbox"/> Lateral change to another class
<input type="checkbox"/> Math Lab or Writing Center	<input type="checkbox"/> International Student Office
<input type="checkbox"/> Other (Please specify):	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor:** I do/do not (circle one) support this request.

**Rationale:**

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I have provided information about the following support services to the student:

<input type="checkbox"/> Consultation with professor	<input type="checkbox"/> Consultation with dean
<input type="checkbox"/> Advising session(s)	<input type="checkbox"/> Counseling session(s)
<input type="checkbox"/> Tutoring	<input type="checkbox"/> ACCESS
<input type="checkbox"/> Other: (Please specify):	<input type="checkbox"/> Textbook

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean or Chair:** I do/do not (circle one) support this request.

**Rationale:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Developmental Education Office: Spring Creek Campus, K-102**  
**Telephone: (972) 881-5720      FAX: (972) 881-5923**