

Exception Application-SB 1231-Six Drop Rule



ALAMO COLLEGES DISTRICT
San Antonio College

Please complete form and provide appropriate documentation. Please print clearly.

Student Name: _____ Student ID: _____ Date: _____

Current Address: _____

City _____ State _____
Zip Code _____ E-mail: _____ Phone: _____

Semester for which the course(s) in question were taken: _____

If this request pertains to the current term, have you already dropped the class(es): Yes No

Please list the course(s) for which you are requesting a designated "Exception" to the 6-drop rule.

Course Name	Number	Section
Course Name	Number	Section
Course Name	Number	Section
Course Name	Number	Section
Course Name	Number	Section

I am requesting an "Exception" designation of this drop/withdrawal for the following reason:

- ___ 1. Severe illness/debilitating condition. [e.g., Letter from physician or copy of medical records]
- ___ 2. Care for sick, injured or needy person. [e.g., Letter from attending physician]
- ___ 3. Death of family member or other person with close relationship to student. [e.g., Copy of Death Certificate or Obituary]
- ___ 4. Active military duty for student, family member or close relationship to student. [e.g., Military Orders]
- ___ 5. Work schedule change. [e.g., Letter from employer on official letterhead]
- ___ 6. Other good cause. [e.g., Provide written statement below and appropriate documentation]

If you need additional space, please use other side.

I attest that the information I am providing is true and accurate. I am responsible for all academic and/or financial responsibilities if the information I have provided is found to be untrue or inaccurate.

Signature _____ Date _____

OFFICIAL USE ONLY

Documentation Verified Yes No If No, Please Explain: _____

Decision on Request: Approved Not Approved

By: _____
Printed Name/Title _____ Signature _____ Date _____

Method Student was notified: Phone E-Mail In Person Date _____ A&R Initials _____