

**SAN JACINTO COLLEGE DISTRICT**  
**REQUEST FOR SIX-DROP EXEMPTION**

**Submit to Office of Dean of Student Development**

Student Name: \_\_\_\_\_ Id: \_\_\_\_\_ Email: \_\_\_\_\_

First semester in college: \_\_\_\_\_ Telephone: \_\_\_\_\_

I request to be exempt from the requirements of the Six-Course Drop Limit regulations for the reason identified below. I understand that I must provide documentation in accordance with the College's policy. All appeals must be made prior to dropping courses.

- Severe illness or other debilitating condition: Statement from doctor
- Care of a sick, injured or needy person: 1) Statement from doctor regarding illness of the person being cared for. 2) Statement from the sick, injured, or needy person regarding the student's role as the care-giver **or** in case of a child, statement from the student
- Death of family member or another person who is otherwise considered to have a sufficiently close relationship: Death certificate or obituary from newspaper
- Active duty service with the Texas National guard or other armed forces by the student, a family member, or a person who has a sufficiently close relationship: Orders from service
- Change in work schedule that is beyond the control of the student: Letter from employer
- Other\* - Student must write a letter regarding reason and attach to this form. *\*Other reasons will be reviewed by the institution and additional documentation may be required.*

I request the exemption for the course(s) listed below for the following semester: \_\_\_\_\_

CRN	Course Number and Section	CRN	Course Number and Section
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information submitted in this appeal as well as the corresponding documentation is true and complete to the best of my knowledge. I also acknowledge that I have read the College's Six-Course Drop Limit policy and understand that submitting an appeal along with supporting documentation does not guarantee an approval.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

- 
- Approved (If approved, forward to Enrollment Services for grade of "W" to be awarded)
  - Not Approved

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Date Student Notified via email \_\_\_\_\_

Processed by: \_\_\_\_\_ Date of Entry of "W" Grade(s) \_\_\_\_\_