

**TULSA COMMUNITY COLLEGE  
DUAL CREDIT TO COLLEGE DEGREE**

**HIGH SCHOOL STUDENT SUMMER SCHEDULE ADJUSTMENT FORM**

**TO BE COMPLETED BY STUDENT:** (Please use black or blue ink)

**1A. STUDENT INFORMATION AND CONTACT**

STUDENT NAME Last: \_\_\_\_\_ First \_\_\_\_\_ TCC STUDENT ID #: T \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
 TCC EMAIL: \_\_\_\_\_@TULSACC.EDU SEMESTER: (check) FALL \_\_\_ SPRING \_\_\_ SUMMER \_\_\_

**1B. REASON(S) FOR SCHEDULE ADJUSTMENT (PLEASE CHECK ALL THAT APPLY)**

ACADEMIC REASONS	FINANCIAL REASONS	ADDITIONAL REASONS
<input type="checkbox"/> Dissatisfied with my academic performance	<input type="checkbox"/> Unable to purchase books	<input type="checkbox"/> Illness
<input type="checkbox"/> Dissatisfied with the learning environment	<input type="checkbox"/> Unable to purchase access codes	<input type="checkbox"/> Personal problems (life crisis)
<input type="checkbox"/> Dissatisfied with the quality of teaching	<input type="checkbox"/> Unable to afford fees	<input type="checkbox"/> Work-related
<input type="checkbox"/> Course level too advanced	<input type="checkbox"/> Unable to afford tuition	<input type="checkbox"/> College experience not what I expected
		<input type="checkbox"/> Other

**1C. STUDENT RESPONSIBILITIES: INITIAL NEXT TO EACH STATEMENT AND SIGN /DATE BELOW**

\_\_\_\_\_ I understand that I am responsible to pay any financial obligations to TCC incurred by this schedule adjustment.  
 \_\_\_\_\_ I have received academic advisement from either a high school or college advisor regarding this schedule adjustment.  
 \_\_\_\_\_ I understand a withdraw grade \*‘W’ will be awarded on my transcript for courses from which I am withdrawing.  
 \_\_\_\_\_ I understand the consequences of a ‘W’ grade, and I accept that my future financial aid status may be affected.  
 (For Financial Aid policies including ‘W’ grades, see [tulsacc.edu/aid-policies](http://tulsacc.edu/aid-policies) )  
 \_\_\_\_\_ I understand that making a TCC schedule adjustment may impact my high school academic plan.  
 \_\_\_\_\_ I have notified the professor about this schedule adjustment.  
 \_\_\_\_\_ I understand that adjustments are NOT effective until this form is \*\*delivered to and processed by TCC enrollment services.

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

**2A. LIST THE Summer semester HIGH SCHOOL CLASSES (if any)**      **2B. HIGH SCHOOL NAME** \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

**2C. LIST ALL TCC COURSES TO ADJUST: TYPES OF COURSE ADJUSTMENTS: DROP-dropped during refund period; ADD- added after initial enrollment form was submitted to TCC. \*WITHDRAW—Withdraw after refund period.**

TYPE OF ADJUSTMENT (example: ADD)	CRN (5 digit code)	SECTION # (3 digit code)	DISCIPLINE (example: Math)	COURSE # (example : 1513)	COURSE TITLE

Summer DROP or WITHDRAW do not require a high school counselor’s signature. Notify your high school any time you change your college courses’ enrollments. ALL ADDED enrollments must be signed by the high school counselor.

FOR ADD ONLY: High school administrator \_\_\_\_\_ date \_\_\_\_\_

**\*\*To Process:** (1) Scan and email this form AND a photo ID to [enrollment@tulsacc.edu](mailto:enrollment@tulsacc.edu) or (2) take to enrollment services on campus.  
 TCC Staff name \_\_\_\_\_ TCC processing date \_\_\_\_\_