Postsecondary Education Student Drop Form

Student Name: _____ TDCJ #: _____

Institution: _____ Unit: _____

PROGRAM INFORMATION			
Program Name	**Start Date**	**Cert Date**	**End Date**

This form can be used to track student drops throughout the semester. This form is NOT REQUIRED. Drops must be processed by the institution through ES30 with the proper drop code and drop date. Drops must be completed during the semester.

INSTITUTION USE ONLY			
Indicate the reason for the drop. Only one selection can be made.			
Withdrawal Code (Check only one)	**Institution Approval** (Initial and Date)	**Withdrawal Code** (Continued)	**Institution Approval** (Initial and Date)
60 – Unit transfer		69 – TDCJ major disciplinary	
61 – Out of custody		70 – Treatment of schedule conflict	
62 – Medical		72 – Administrative request	
63 – Class declined		73 – Withdrawal (on or before cert date)	
65 – Class complete (no credit awarded)		74 – Program refusal (after transfer)	
66 – Unsatisfactory progress		75 – Excessive Absences	
67 – Input error		99 – Other	
68 – Ineligible			
Explanation/reason:			

Student Signature: _____ **Date:** _____

Institution Representative Signature: _____ **Date:** _____

Submit completed drop forms to postsecondary@wsdtx.org.