Academic Dismissal Appeal Form

Please submit to Dr. Jennifer Boyle, Assoc. Dean of Academics

Name: ___________________________ ID Number: ___________________________

Local Phone: ___________________________ LUC E-mail: ___________________________

Credit Hours to Date: ___________________________ Today’s Date: ___________________________

Cumulative GPA: ___________________________

Appeal should include all of the following:

1. An attached statement describing the specific reason – events and/or circumstances that directly contributed to the lack of meeting Arrupe College’s program requirements. Specific dates of the events (in cases of illness, accidents, etc.) should be included. If the reasons for the lack of meeting the program requirements developed over the course of several terms (or academic years), you should explain all circumstances that have contributed to not meeting the program requirements.

2. Documentation to support your appeal (e.g. medical billing statement as proof of illness, etc.)

3. Signature by academic advisor/faculty member confirming a discussion of a plan of corrective action has taken place (see below).

Please list the documents you have attached to support your appeal:

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

For the Academic Advisor to complete:

☐ The student and I have developed and reviewed his/her academic plan.

Advisor name (please print) ___________________________ Title: _______________

Signature: ___________________________ Date: ____/____/_____

Student Signature: ___________________________ Date: ____/____/_____

As the Associate Dean of Academic Affairs, I ☐ Approve ☐ Deny this student’s request to be reinstated.

Dean’s Approval: ___________________________ Date: ____/____/_____

Dr. Jennifer Boyle, Associate Dean of Academic Affairs