Part-Time Enrollment Request Form

*Due the first day of the registration month*

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Phone:</td>
<td>LUC E-mail:</td>
</tr>
<tr>
<td>Credit Hours to Date:</td>
<td>Today’s Date:</td>
</tr>
</tbody>
</table>

**Cumulative GPA:** ______  
*Students who under-enroll do so understanding that a change in anticipated registration status may impact undistributed financial aid and time to graduation.*

**Request for:**  
Circle one: FALL  SPRING  SUMMER  Year: ______

**List courses you are or are planning to register for during the term in which you wish to enroll part-time:**

1.  
2.  
3.  
4.  

**Reason for appeal:** Arrupe students are not ordinarily given permission to register for under 12 credit hours a semester or 6 credit hours a Summer session. Why do you feel an exception should be made for you?

Student Signature: __________________________ Date: ________________

Dean’s Approval: __________________________ Date: ________________

*Dr. Jennifer Boyle, Associate Dean of Academic Affairs*