Request to Withdraw from Course(s) Form

Due within the first five weeks of the session

Name: __________________________ ID Number: __________________________

Local Phone: __________________________ LUC E-mail: __________________________

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

Cumulative GPA: __________________________

What course(s) do you wish to drop?

1. __________________________________________

2. __________________________________________

3. __________________________________________

Have you spoken to Financial Aid about the implications of dropping to part-time status?
*Students who drop to part time status after the open registration period ends do so understanding that a change in anticipated registration status may impact financial aid (distributed and undistributed), billing, and time to graduation.

Check one:

☐ Yes
☐ No

Your signature: __________________________ Date: __________________________

Reason for request: Arrupe students are not ordinarily given permission to drop below full-time status. Why do you feel an exception should be made for you? If applicable, please attach supporting documentation.

Student Signature: __________________________ Date: __________________________

Dean’s Approval: __________________________ Date: __________________________

Dr. Jennifer Boyle, Associate Dean of Academic Affairs