



# ARRUPE COLLEGE

## Request for Class Withdrawal & Part-Time Enrollment

Please complete this form if you are planning to start the semester as a part-time student or if you are requesting to drop one or more courses during the semester, leaving you enrolled in fewer than 12 credits.

**Full Name:** \_\_\_\_\_ **LID:** 0000

**LUC Email:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Have you discussed your plans with your advisor?      Yes      No

Have you discussed your plans with your financial aid counselor?      Yes      No

Do you have on campus housing?      Yes      No

Do you understand that dropping to part-time status can potentially impact your timeline for graduate and eligibility for financial aid?      Yes      No

If you wish to withdraw from one or more courses in which you are currently enrolled, please complete the section below:

Subject	Course Number	Section Number	Four-Digit Class Number
<i>e.g. ACWRI</i>	<i>105</i>	<i>001</i>	<i>1234</i>

Last date that you attended any of the classes listed above: \_\_\_\_\_

**For Office Use Only:**

**CGPA:** \_\_\_\_\_ **Credit Hours to Date:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_