



ARRUPE COLLEGE

Request for Total Withdrawal

Please complete this form if you are requesting to withdraw from all your classes **before the last day to withdraw with a grade of "W" according to the Official University Calendar**. If you are requesting to withdraw after this deadline, you must complete the Appeal for Emergency Withdrawal.

Full Name: _____ **LID:** 0000 _____

LUC Email: _____ **Today's Date:** _____

Last date that you attended any of your classes for the current term: _____

Have you discussed your plans with your advisor? Yes No

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

Do you plan to enroll in classes at Arrupe College next semester? Yes No

For Office Use Only:

CGPA: _____ **Credit Hours to Date:** _____ **Today's Date:** _____

Once completed, please email a copy to Arrupe's Office of Academic Affairs at aaa@luc.edu.