Academic Dismissal Appeal Form

Please submit to Dr. Jennifer Boyle (jboyle5@luc.edu), 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. A letter from support from your advisor or a faculty or staff member is recommended but not
required.

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

1. ___________________________________________________

2. ___________________________________________________

3. ___________________________________________________

Student Signature: __________________________________________ Date: __/__/____

For Office use only

Approved

Denied

Dean’s Signature: __________________________________________ Date: __/__/____

Dr. Jennifer Boyle, Associate Dean of Academic Affairs