



Office note:

Please provide a copy of the signed document to John Buethe at jbuethe@luc.edu

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