



Office note:

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

Complete Withdrawal from Arrupe College Form

Name: _____ ID Number: _____

Local Phone: _____ LUC E-mail: _____

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

Cumulative GPA: _____ Effective Date: _____

Reason for Withdrawal: (Please attach any written information to this form)

Does the student plan on applying to return to Arrupe College? Yes _____ No _____

OSCRR Recommendations: Yes _____ No _____

Other Comments:

ADDITIONAL INSTRUCTIONS

1. If student is currently registered for classes, it is necessary to advise the Associate Dean for Academic Affairs of the student's withdrawal.
2. It is necessary for the student to advise the Office of Financial Aid regarding their decision to withdraw.
3. It is the student's responsibility to contact the Office of the Bursar and resolve any monies that may be owed to the school for tuition and/or fees.
4. The student is given a copy of this form for their files.

Student Signature: _____ Date: _____

Dean Approval: _____ Date: _____

Dr. Jennifer Boyle, Ph.D., Assoc. Dean for Academic Affairs