



Office note:

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

Full-Time-Plus Request Form

Due the first day of the registration month

Name: _____ **ID Number:** _____

Local Phone: _____ **LUC E-mail:** _____

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

Cumulative GPA: _____

GPA last term: _____

Students must have at least a "B" average (3.0) for their 6-12 most recently attempted credit hours to be eligible to take an additional class.

■ **Request for:** *Circle one:* FALL SPRING SUMMER Year: _____

■ **List courses you are or are planning to register for during the term in which you wish to enroll full-time-plus:**

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

■ **Reason for appeal:** Arrupe students are not ordinarily given permission to register for more than 13 credit hours a semester or 7 credit hours a Summer session. Why do you feel an exception should be made for you? *If applicable, please attach supporting documentation such as an Advising Guide or Academic Requirements Report.*

Student Signature: _____ Date: _____

Dean's Approval: _____ Date: _____

Dr. Jennifer Boyle, Associate Dean of Academic Affairs