Part-Time Enrollment 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: ________
Students who under-enroll do so understanding that a change in anticipated registration status may impact undistributed financial aid and time to graduation.

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 part-time:

1. ___________________________ 3. ___________________________
2. ___________________________ 4. ___________________________

Reason for appeal: Arrupe students are not ordinarily given permission to register for under 12 credit hours a semester or 6 credit hours a Summer session. Why do you feel an exception should be made for you?

Student Signature: ___________________________ Date: ___________________________

Dean’s Approval: ___________________________ Date: ___________________________

Dr. Jennifer Boyle, Associate Dean of Academic Affairs