



Office note:

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

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