



Office note:

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

Request to Withdraw from Course(s) Form

Due within the first ten weeks of the session

Name: _____ ID Number: _____

Local Phone: _____ LUC E-mail: _____

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

Cumulative GPA: _____

■ **What course(s) do you wish to drop?**

1. _____ 2. _____

3. _____

<p>■ Have you spoken to Financial Aid about the implications of dropping to part-time status? <i>*Students who drop to part time status after the open registration period ends do so understanding that a change in anticipated registration status may impact financial aid (distributed and undistributed), billing, and time to graduation.</i></p>	<p>Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Your signature: _____</p>	<p>Date: _____</p>

■ **Reason for request:** Arrupe students are not ordinarily given permission to drop below full-time status. Why do you feel an exception should be made for you? *If applicable, please attach supporting documentation.*

Student Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Office use only:

Dean's Approval: _____ Date: _____

John Buethe, Assistant Dean for Academic Affairs