
REASON FOR APPEAL

In the space provided, please provide an explanation for requesting an appeal to take a course load exceeding the limit. If applicable, please also provide supporting documentation.

Student's Signature: _____

Date: _____

Please submit the completed form to scps@luc.edu.

Requests should be sent at least 2 business days before the start of the session impacted. Preferably, requests should be submitted as early as possible.

For Office Use Only

Approved

Denied

Signature: _____

Date: _____