



ARRUPE COLLEGE

Request for Class Withdrawal & Part-Time Enrollment

Please complete this form if you are planning to start the semester as a part-time student or if you are requesting to drop one or more courses during the semester, leaving you enrolled in fewer than 12 credits.

Full Name: _____ **LID:** 0000

LUC Email: _____ **Today's Date:** _____

Have you discussed your plans with your advisor? Yes No

Have you discussed your plans with your financial aid counselor? Yes No

Do you have on campus housing? Yes No

Do you understand that dropping to part-time status can potentially impact your timeline for graduate and eligibility for financial aid? Yes No

If you wish to withdraw from one or more courses in which you are currently enrolled, please complete the section below i.e., ACWRI 105-001 (5349):

Subject	Course Number	Section Number	Class Number

Last date that you attended any of the classes listed above: _____

For Office Use Only:

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

Once completed, please email a copy to Arrupe's Office of Academic Affairs at oa@luc.edu.