



ARRUPE COLLEGE

Appeal for Emergency Withdrawal

Please complete this form if you are requesting to withdraw from classes **after the last day to withdraw with a grade of "W" according to the Official University Calendar**. This form should only be completed if there are exceptional circumstances that made it difficult/impossible for you to withdraw before the deadline, or if your ability to continue as a student became difficult/impossible to persist due to new circumstances after the deadline.

Full Name: _____ **LID:** 0000

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

Last date that you attended any of your classes for the current term: _____

Have you discussed this appeal with your advisor? Yes No

Have you discussed this appeal with your financial aid counselor? Yes No

Do you understand if this appeal is granted, it can potentially impact your timeline for graduate and eligibility for financial aid? Yes No

Do you understand that if this appeal is approved, you will receive marks of "WE" for all your classes during this term? In other words, you may not elect to take WEs in some of the courses this term but stay enrolled in others. Yes No

Do you plan on enrolling in classes for the upcoming semester? Yes No

In the field below, please explain why you are appealing to withdraw from your classes after the "W" deadline. Please attach any supporting documentation i.e., if you are claiming medical reasons for this appeal, please attach a doctor's note.

For Office Use Only:

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