

## Request for Total Withdrawal

*Please complete this form if you are requesting to withdraw from all your classes this term and/or withdrawing entirely from Arrupe College. If you are requesting to withdraw after the W deadline, you must complete the Appeal for Emergency Withdrawal.*

**Full Name:** \_\_\_\_\_ **LID:** 0000 \_\_\_\_\_

**LUC Email:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Using the dropdown menu below, please indicate the statement that best describes your circumstance (do NOT leave this section blank):

If you choose options one or two in the question above, please indicate the last date you attended any of your classes: \_\_\_\_\_

Have you discussed your plans with your advisor?      Yes      No

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

Do you understand that if you are not enrolled at Arrupe College for two consecutive terms, you must apply for readmission?      Yes      No

In 2-3 sentences, please explain why are withdrawing from Arrupe College: