APPEAL FOR CHANGE OF ACADEMIC RECORD



This form should be submitted to a student's assigned primary academic advisor when a student requests a change to their academic record for a course or courses in a term that has been completed. Students have up to one year after the completion of the term to appeal for a change to their academic record.

loday's Date:		Student Name:			
Academic Advisor:		LUC Student ID #:			
College/Sch	nool:	Student Email:	@luc.edu		
		Student Alternate Email:			
		Mobile Phone Number:			
Check nex	t to the primary factor(s) below that cor	ntributed to your decision to submit ar	າ appeal:		
Ch De be Dis Dis Em Sex Suc pe Ott	ronic illness of withdrawing student * rath of parent/legal guardian or medical come a part-time or full-time caretaker of ssatisfaction with Loyola faculty and/or a ssatisfaction with Loyola campus culture reployment conflict treme financial hardship * ental health condition, serious injury or i tural or man-made disaster (e.g., tornad xual assault (survivor, witness, or bystan dden or consistent lack of transportation rson attendance requirements. * her situations, at the University's sole dis the withdrawing student	of family member* academic support fillness of withdrawing student * do, fire, flood) ader of a sexual assault) a which affected the withdrawing stud scretion, which are deemed to result i	lent's ability to meet in n significant hardship		
for an <u>eme</u> are still re	ctors may allow a student who is experience with a student who is experience with a sponsible for tuition charges based on the state of the state with a state with a state with a state of the state with a state of the state of	drawal may not affect a student's tuiti he withdrawal schedule. Note: Emerge	ion and fees. Students		
me	rish to opt out of consideration for a con eans that my academic record will reflect my account.		•		

If you are eligible for an emergency withdrawal consideration you will be notified.

Please write an explanation below of why the factor(s) you selected have led to your decision to submit an appeal. If your request is not related to a change impacting all classes in a given academic term, you must provide an explanation for the discrepancy among classes. Within your statement, you must also address plans to be successful in future semesters if you intend to continue as a student at Loyola University Chicago.

Documentation

Where you are requesting a change to your record, it is strongly recommended that you provide documentation related to your situation(s) to support your request. If you've opted in for Emergency Withdrawal consideration, documentation is required.

Course Information

Provide information below for any course(s) that you are requesting a change of academic record.

Class Number	Subject & Course Number	Section Number	Term Enrolled	Term Hours	Instructor	Final Grade	Last Date of Activity	Confirmed (Office Use Only)

Student Acknowledgement

Student Signature:

form. Where this request includes a change of academic record, submitting this request does not guarantee this change. A decision to change a student's academic record may be driven by a student's last date of activity in a course, which includes, but is not limited to, verification by instructor(s) and online course site activity. I have read the withdrawal policies and I clearly understand the academic standards and regulations stated in the Academic Catalog. My request stated above is accurate, reasonable, and within the limits of these standards. I am responsible for knowing the guidelines for submission of this form, including the requirement that my request be submitted within one calendar year after the last day of the academic term in question. An administrative decision will be made within 30 days of the submission of this request and written notification of that decision will be provided via Loyola University email. I will be notified in writing via Loyola University email if a decision takes longer than the deadline explained above. I am aware of the financial implications of my decision to request a change to my academic record. The Financial Aid Office can be reached at 773-508-7704 or lufinaid@luc.edu to discuss the financial implications of withdrawing. I am not a campus resident, OR if I am, I have cancelled my housing contract with Residence Life. Housing contracts can be cancelled online via https://forms.luc.edu/eRelease/login.htm. (For complete withdrawal from the university) I am aware that my LUC ID card will be deactivated upon my withdrawal. (For complete withdrawal *from the university)* _____ I am aware of the steps required to return to LUC if I choose to do so in the future. I am not an international student, OR if I am, I have confirmed my plans to withdraw with the Office of International Programs. OIP can be reached at 773-508-3899 or isss@luc.edu I understand that by signing and submitting this form, I acknowledge I have read the information above and the appropriate policies within the Academic Catalog. All decisions related to the submission of this request are final.

Please read the following section carefully, initialing for acknowledgment, before signing and submitting this

For Office Use Only Completed by Advisor Completed by Dean(s) of School/College Student Academic Career: _____ Prior Appeals Submitted: ☐ Yes Number of appeals: _____ Loyola GPA: _____ ■ No Status: ☐ Enrolled **Appeal Decision:** ■ Non-enrolled **□** Approved **□** Denied Academic Standing: ☐ Good standing Rationale: ☐ Probation (send to Dean of School/College) ☐ Dismissed for poor scholarship (send to Dean of School/College) ☐ Student directed to contact Financial Aid Forms Submitted: ☐ Student Informed of Decision, Date:_____ ☐ Change of Registration ☐ Change of Grade ☐ File/Documents, if any, reviewed and uploaded to Docfinity ☐ Note Added to Student Record (LOCUS/Navigate)

Date

Date

Advisor Signature

Dean Signature