NOTICE OF INTENT TO WITHDRAW



This form should be submitted to a student's assigned primary academic advisor when a student requests a withdrawal from either an academic term or the University. This form should be used for withdrawals when terms are in progress.

Today's Date:		Student Name:					
		LUC Student ID #:					
College/School:		Student Email:	@luc.edu				
		Student Alternate Email:					
		Mobile Phone Number:					
	Check next to the primary factor(s)	below that contributed to yo	our decision to withdraw:				
	 □ Academic program not offered at Loyola □ Chronic illness of withdrawing student * □ Death of parent/legal guardian or medical issue of a family member and the withdrawing student must become a part-time or full-time caretaker of family member* □ Dissatisfaction with Loyola faculty and/or academic support 						
for an are sti	e factors may allow a student who is experience factors may allow a student who is experience emergency with a student who is experience emergency with a student withdraway and to requests for a complete withdraway and the student who is experience withdraway and the student who is experience emergency withdraway and the student who is experience emergency with a student who is experience emergency with a student who is experience emergency with a student	drawal may not affect a stud ne withdrawal schedule. Not	ent's tuition and fees. Students				
	I wish to opt out of consideration for a conmeans that my academic record will reflect on my account.						

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

Written Explanation

Please write an explanation below of why the factor(s) you selected have led to your decision to submit an intent to withdraw. 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

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

If your withdrawal impacts your enrollment in a course(s) within the current term, please provide the course information below.

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

Student Acknowledgement

Please read the following section carefully, providing your initials as acknowledgment, before signing and submitting this form.

Any decision regarding withdrawal with a grade of "W" or "WE" (for complete withdrawal) is driven by a student's last date of activity in a course(s), 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. An administrative decision will be made within 14 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 withdrawal or complete withdrawal. 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.
Student Signature:

For Office Use Only

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