La Roche College (LRC) will accept appeal submissions based upon the following categories:

- *Extenuating Circumstances:* A situation over which the student has no control, such as an illness, that will prohibit the student from satisfactorily completing the course(s), continuing their education at LRC, or graduating with a degree.

- *Late Course Schedule Adjustments—Add/Drop:* Resulting from a documented extraordinary occurrence that will negatively impact the student’s continued academic standing at LRC.

- *Withdrawal from LRC:* A documented extraordinary occurrence that will prohibit the student from satisfactorily completing the required courses for the graduation from LRC.

- *Incomplete Grade:* The student must demonstrate that he/she was in compliance with the established policy/procedure and deadline as stipulated in the Course Schedule for the Incomplete Grade and that LRC was negligent.

- *Grade Change:* Specifically, removal of a “W” or requesting a change of an “F” to a letter grade. The appeal must not be in conflict with the Grade Appeal Procedure as defined in the LRC Student Handbook.

*These occurrences are for a one-time use only (except for medical appeals). No subsequent appeals will be granted.*

The formal appeal process will not extend beyond the end of the following semester in which it was initiated with the exception of grade changes, which there is a sixth-month statute of limitations on grade changes.

**Submission of Appeals:**
Requests must be in writing and must be dated and signed by the student. Emails are not acceptable. The student must include all relevant documentation with the written request. LRC will not be responsible for researching student records for the purpose of substantiating the student’s appeal. It is the responsibility of the student to build his or her case. Decisions of the Appeals Committee are final and cannot be re-appealed. Each student may only appeal once during his or her tenure at the college (excluding medical withdrawals that have sufficient and pertinent documentation).

- **Mail to:** La Roche College  
  Appeals: Registrar Office—CC224  
  9000 Babcock Blvd  
  Pittsburgh, PA 15237

- **Attach all supporting documentation**

- **Receipt will be based upon postmark or timestamp if delivered to the Registrar’s Office.**

The personal information collected on this form is used to enable processing and resolution of the request for a formal review and discussion on a matter of college policy. It is collected under the authority of the Colleges Act and Section 32(c) of the Freedom of Information and Protection of Privacy Act. The information is protected under the Act. Any questions about the collection of the information should be directed to the Office of the Registrar by calling 412-536-1079 or via email at Registrar@laroche.edu.

**Note:** Students requesting a formal review and final decision on a matter of College Policy must complete Sections A and B and forward this form to the Office of the Registrar.
A. STUDENT INFORMATION

Student Name: ___________________________________________  Student ID Number/Soc. Sec. Number: __________________________

Student Address: __________________________________________  Telephone Number: __________________________

B. APPEAL INFORMATION

Type of Appeal (please check the appropriate box.)

○ Extenuating Circumstances  Semester for Appeal: __________________________
○ Late Course Schedule Adjustments
○ Withdrawal from La Roche College

Reason for Appeal:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Action Taken to Date (What have you done to resolve the situation? Attach any relevant documentation): ______________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Resolution Sought (Describe exactly what you are requesting the college to do): ______________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I understand that the decision of the Appeals Committee is final and no further consideration of the matters included in this appeal will be made.

Signature: ___________________________  Date: __________________________

Office Use Only:

C. APPEAL DECISION  Decision Date: __________________________  Letter Date: __________________________

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Chair of Appeals Committee Signature: ___________________________  Date: __________________________