

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

- ❖ Extenuating Personal Circumstances\*: A situation over which the student has no control, that will prohibit the student from satisfactorily completing the course(s).
- ❖ Extenuating Medical Circumstances: A situation over which the student has no control, that will prohibit the student from satisfactorily completing the course(s).

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

The formal appeal must be submitted within six months from the end of the semester in which the course(s) were taken. Deadlines for consideration of tuition forgiveness are listed on the reverse side of this form.

**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—ZCC204  
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](mailto:Registrar@laroche.edu). Confidential medical records are destroyed upon the conclusion of the appeal.

**Note:** Complete Sections A and B on page 2 and forward to the Office of the Registrar.



Office of the Registrar  
Student Account and Registration  
APPEALS FORM

**A. STUDENT INFORMATION**

Student Name \_\_\_\_\_ Student ID Number/ Soc. Sec. Number \_\_\_\_\_  
Student Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Major \_\_\_\_\_

**B. APPEAL INFORMATION**

Semester/Year for Appeal \_\_\_\_\_

Type of Appeal - Please check the appropriate box(es)

- Late Course Schedule Adjustments (Withdrawal) for extenuating personal circumstances
- Late Course Schedule Adjustments (Withdrawal) for extenuating medical circumstances (Must include medical documentation – See reverse side)
- Tuition Adjustment (May result in a loss of financial aid for the semester and repayment of refunds) Must be submitted by the following dates for tuition adjustment:  
Fall Appeal Deadline: May 1 of the following calendar year  
Spring Appeal Deadline: September 1 of the same calendar year  
Summer Appeal Deadline: September 1 of the same calendar year

Reason for Appeal (include additional sheet, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken to Date (What have you done to resolve the situation? Include names of faculty or staff members with whom you have discussed 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: \_\_\_\_\_