La Roche University (LRU) 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. LRU 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 university (excluding medical withdrawals that have sufficient and pertinent documentation).

- **Mail to**: La Roche University
  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 university 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. 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 university 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: ___________

04/2019