

**Office of the Registrar**  
433 Bolivar Street  
New Orleans, LA 70112  
(504) 568-4829 phone  
(504) 568-5545 fax  
[registrar@lsuhsc.edu](mailto:registrar@lsuhsc.edu)

# RETROACTIVE ENROLLMENT APPEAL

Clear Form

The appeal process is designed to allow consideration for retroactive enrollment actions beyond established academic deadlines due to extenuating circumstances. Applications must be filed with the Office of the Registrar with appropriate documentation. Please review [AA-19: Retroactive Enrollment Appeals](#) for a complete list of the guidelines and procedures concerning a retroactive enrollment appeal.

1. Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
last, first, maiden or middle on the back of your ID card
2. Semester \_\_\_\_\_ School  Allied Health  Dentistry  Graduate Studies  
 Medicine  Nursing  Public Health

3. Are you receiving financial aid? Yes\*      No  
 \*If yes, a signature from a financial aid officer is required.

4. Reason for appeal (check all that apply)  
 Add  
 Drop without record  
 Drop with record (W)  
 Resignation (If dropping all courses)

5. Affected classes/course schedule

Course Subject	Course Number	Course Section	Last Date of Academic Participation*

\*If Dropping or withdrawing

6. Detailed reason for appeal

7. Attach supporting documentation to this submission. Supporting documentation may include, but is not limited to medical records, emailed correspondence, deployment orders, police report (i.e. car accident), etc.

**Signature of Financial Aid Officer (If required)**

I hereby certify that the last dates of academic participation have been verified, and the student has been counseled of any resulting changes to their aid.

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

**Signature (This form will not be accepted if it is not signed and dated)**

I hereby certify that the information given in this application and all attachments thereto is true, correct, and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my appeal.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_

Signature of VCAA \_\_\_\_\_ Date \_\_\_\_\_

\*For Retroactive Adds Only

