

APPEAL PETITION
VCU SCHOOL OF EDUCATION
 Academic Regulations Appeal Committee

NAME: _____ STUDENT ID _____

ADDRESS: _____ PHONE # (____) _____ - _____

CITY _____ STATE _____ ZIP CODE _____

MAJOR: _____ EMAIL: _____

PETITION FOR:

- Retroactive withdrawal from _____.
- Retroactive administrative add to _____.
- Administrative withdrawal from _____.
- Waiver of the continuance policy following a _____ suspension.
- Waiver of Academic Probation Policy limiting a student to 12 semester credits to the extent of _____ credits.
- Waiver of the requirement that the last 30 credits be earned in residence at VCU to the extent of _____ credits.
- Waiver of the requirement that 120 credits be earned for graduation to the extent of _____ credits.
- Waiver of the requirement that 45 upper level courses are required for graduation to the extent of _____ credits.
- Other: _____

That occurred: Fall Semester Spring Semester Summer Semester Year: _____

I understand that making misleading statements, misrepresenting facts or circumstances, or presenting false documentation in this petition or in the attached materials constitutes a serious violation of the University Honor Code.

 DATE STUDENT SIGNATURE

Advisor's Recommendation:	() FOR	() AGAINST
Reasons <u>for</u> or <u>against</u>:		
Date: _____	Advisor's Signature: _____	

Department Chair's Recommendation:	() FOR	() AGAINST
Date: _____		
Department Chair's Signature: _____		

Dean's Decision:	() FOR	() AGAINST
Date: _____		
Dean's Signature: _____		

Academic Regulations Appeal Committee's Recommendation:	() APPROVED	() REJECTED
Date: _____		
Chairman's Signature: _____		

*This form is covered under the Family Educational Rights and Privacy Act of 1974.