

VIRGINIA COMMONWEALTH UNIVERSITY
ACADEMIC REGULATIONS APPEAL PETITION

TO: Academic Regulations Appeal Committee

FROM: Name: _____ Soc. Sec. No. _____ - _____ - _____

Address: _____ Home Phone (____) _____ - _____

_____ Work Phone (____) _____ - _____

City: _____ State: _____ Zip Code: _____

Major: _____

PETITION FOR:

Effective Semester: _____ **Year:** _____

Please submit with petition:

1. A letter explaining the reason(s) for this request and outline any extenuating circumstances
2. Medical documentation, if applicable
3. A letter from the professor, if applicable
4. Other items that support reasons offered.

Date: _____ **Student's Signature:** _____

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

Division Head's Recommendation:	() FOR	() AGAINST
Date: _____	Division Head's Signature: _____	

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

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

