

FACULTY MEMORANDUM

Section One: To be completed by the student

TO: _____ (please print instructor's name)

FROM: Associate Dean for Undergraduate Studies, School of Business

DATE: _____

RE: Retroactive Withdrawal/Drop

I, _____, am petitioning the Academic Regulations Appeals
(Your name and V#)

Committee (ARAC) for a _____ from _____, attempted
(retroactive withdraw or drop) (course number & section)

during the _____ semester.
(FA or SP or SU + year)

Section Two: To be completed by the professor

Please note: This student has been instructed to explain their particular situation to you. If this form was just left for you without any explanation, please return it unsigned.

- 1) Dates and grades earned for major assignments.

- 2) Any information on attendance that you have, especially the last date attended.

- 3) Grade average at the last day to withdraw.

- 4) Any additional info you would like to provide.

- 5) A recommendation (if you desire) about whether the appeal should be granted or not.

After filling out this form, please return it Attn: ARAC, by fax (804-828-8203), by email (usib@vcu.edu), or via campus mail (P.O. Box 844000).

Name (Print) _____

Signature _____

Date _____