

# FACULTY MEMORANDUM

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## Section One: To be completed by the student

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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

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**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](mailto:usib@vcu.edu)), or via campus mail (P.O. Box 844000).

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_