

**ACADEMIC REGULATIONS APPEAL COMMITTEE PETITION
SCHOOL OF BUSINESS**

NAME _____ MAJOR _____ STUDENT # _____

ADDRESS _____

Address

City

State

Zip

Phone

EMAIL ADDRESS _____

PETITION For:

Retroactive withdrawal from _____

Retroactive drop from _____

A retroactive drop may impact my student financial aid. I have discussed the implications of a retroactive drop on my student account with my financial aid counselor ____

Retroactive add to _____

If an ADD to this course is approved and the ADD increases my student bill, I understand that I am responsible for paying any outstanding balance within 21 calendar days from the date of approval. ____

Waiver of the continuance policy following _____ (number) suspensions.

Waiver of the requirement that 30 of the last 45 credits be earned in residence at VCU to the extent of _____ credits.

Other: Specify _____

That occurred (provide semester & year)

Fall _____

Spring _____

Summer _____

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's Signature

TO THE RECOMMENDERS: This form is covered under the Family Educational Rights and Privacy Act of 1974.

Advisor's Recommendation:

FOR

AGAINST

Reasons **for** or **against**

Date

Advisor's Signature

Dean's Office Recommendation:

FOR

AGAINST

Reasons **for** or **against**

Date

Dean's Signature