A.R.A.C. COVER SHEET
COLLEGE OF HUMANITIES AND SCIENCES

Please complete the entirety of this form and return to University College front desk, 1st floor Hibbs Hall, 900 Park Ave.

NAME_________________________ Student ID_________________________

ADDRESS:____________________________________
CITY:__________________STATE:__________________ZIP:________ PHONE: (____)____________

PETITION FOR:
☐ Retroactive withdrawal/drop* from ___________________________
(circle one) (list class/classes)
☐ Retroactive add* into ___________________________
(circle one) (list class/classes)

* I have checked with a Financial Aid counselor (if receiving financial aid) or Student Accounting (for retroactive add) and understand the financial implications if this appeal is approved. ___________________________________ Student signature

☐ Waiver of the continuance policy following a (specify: 1st, 2nd, 3rd . . . ) __________________________ suspension.
☐ Waiver of the requirement that 30 of the last 45 credits be earned in residence at VCU, to the extent of _____ credits.
☐ Waiver of the requirement that 45 upper level courses are required for graduation to the extent of ___ credits.
☐ Waiver of the requirement that 120 credits be earned for graduation to the extent of ______ credits.
☐ Change in academic standing based on late historical repeats (previous semester only).
☐ Other: Specify __________________________

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____________________

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 _______________________

Chairperson’s Recommendation ☐FOR ☐ AGAINST
Reasons for or against:

DATE_________________________ CHAIRPERSON’S SIGNATURE _______________________

Dean’s Recommendation ☐ FOR ☐ AGAINST
Reasons for or against:

DATE_________________________ DEAN’S SIGNATURE _______________________

Rev. 2014-02-11