FACULTY MEMORANDUM

TO: ________________________________

Print Professor’s Name

FROM: Associate Dean’s Office of Student Services
COLLEGE OF HUMANITIES AND SCIENCES

DATE: ________________________________

RE: Retroactive Withdrawal/Drop

is petitioning the Academic Regulations Appeals Committee (ARAC) for a retroactive withdrawal or drop from ________________________________,
(attempted during the __________________semester. (FA or SP or SU + year)

Please indicate below:

1) Was the student's academic standing at midterm (withdrawal date) C or above? yes ☐ no ☐

2) Test and quiz grades with dates:

3) Dates of attendance:

4) Recommendation for support: yes ☐ no ☐

5) Additional comments or information:

6) Do you provide information concerning the withdrawal date on your syllabus? yes ☐ no ☐

7) Did you announce the withdrawal date in class? yes ☐ no ☐

After filling out this form, you can give it directly to the student, or, if you prefer, return it Attn: HSARAC, by fax (804-827-4511), by email (HSARAC@vcu.edu), or via campus mail (P.O. Box 842532). 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.

Thank you for your cooperation.

Name (Print) ______________________________________

Signature ______________________________________ Date

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