

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.
(circle one) (Course number & section)
(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. *Also, this feedback will be shared with the student upon request unless the student has signed the waiver below.*

Thank you for your cooperation.

Name (Print) _____

Signature _____

Date _____