

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

MAJOR _____

Please complete the entirety of this form and return to Jessica Lonnes in Lafayette Hall, 312 N. Shafer St., Room 106

NAME _____ Student ID _____
Last First

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

PETITION FOR:

- Retroactive withdrawal/drop from : _____
(circle one) (list class/ classes)
- Retroactive add into : _____
(list class/ classes)
- Waiver of the continuance policy following a _____ suspension.
- Waiver of the Academic Probation policy limiting a student to 13 semester credits to the extent of _____ credits.
- 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 120 credits be earned for graduation to the extent of _____ credits.
- Waiver of the requirement that 45 upper level courses are required 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 _____