

APPEAL PETITION
VCU SCHOOL OF EDUCATION

TO: Academic Status Committee

FROM: Name: _____ SID No. _____

Address: _____ Home Phone (____) ____ - ____

_____ Work Phone (____) ____ - ____

City: _____ State: _____ Zip Code: _____

Major _____

PETITION FOR:

Effective Semester _____

Year _____

Please submit with petition:

1. A letter explaining the reason(s) for this request and outline any extenuating circumstances;
2. Medical documentation, if applicable;
3. A letter from the professor, if applicable; and
4. Other items that support reasons offered.

Date _____ **Student's Signature** _____

Advisor's Recommendation: () FOR () AGAINST

Reasons for or against:

Date _____ **Advisor's Signature** _____

Department Chair Recommendation: () FOR () AGAINST

Date _____ **Department Chair Signature** _____

Academic Regulations Appeal Committee's Recommendation: () FOR () AGAINST

Date _____ **Chairman's Signature** _____

Dean's Decision: () APPROVED () REJECTED

Date _____ **Dean's Signature** _____