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 ______________________________, (Course number & section)

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 (804-827-4513), by email (HSARAC@vcu.edu), or via campus mail (P.O. Box 842507). 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 ________________________________

Rev. 2016-09-06 I waive my right to access this information (student signature) ______________________________