APPEAL PETITION VCU SCHOOL OF EDUCATION

TO:	Academic Status	Committee		
FROM:	Name:			SID No.
	Address:			Home Phone ()
				Work Phone ()
	City:		State: _	Zip Code:
Major				
PETTION	N FOR:			
-				
Effective S	Semester		Year	_
 A lette Medie A lett 	mit with petition: er explaining the reason cal documentation, if er from the professor items that support re	f applicable; r, if applicable; and	nd outline any exten	nuating circumstances;
Date	S	tudent's Signature		
Advisor's R Reasons <u>for</u>	ecommendation: or <u>against</u> :	() FOR	() AGAII	NST
Date		Advisor's Signa	nture	
Department	Chair Recommendation	on: () FOR	() AGAII	NST
Date		Department Chair Si	gnature	
Academic R	egulations Appeal Com	nmittee's Recommenda	tion: () FOR () A	AGAINST
Date		Chairman's Signature		
Dean's Deci	sion: () A	PPROVED () R	EJECTED	
Date	r	lean's Sionature		