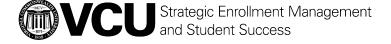
CREDIT HOUR THRESHOLD APPEAL FORM

This form is to be used by students receiving notification of the Virginia credit hour threshold limits. If you received this notification and would like to appeal please complete Section A for course related appeals and/or Section B for student performance or academic program related appeals. Your request will be reviewed and you will be notified via your campus email address of approval or denial. **Please make sure you include all documentation requested for your specific appeal.**

SECTION A

If you believe any of the following courses have been included in your credit hour calculation please complete the following section and email your appeal and documentation to **rar@vcu.edu** after meeting with your advisor. Advisors also have the option to submit the appeal electronically through an internal process with the Office of Records and Registration. Once approved, you will receive an email notification of the approval.

Check the appropriate bo	x(es) for the type of	class(es) included a	nd provide a listing of the identified class(es):
	another Virginia public co our chosen program of s		lo not meet degree requirements for general
☐ Advanced placement of school program	or international baccalau	reate credits that were c	obtained while in high school or another secondary
☐ Dual enrollment, colle	ge-level credits obtained	I by you prior to receiving	g a high school diploma.
You must obtain your adv	isor's signature for v	rerification.	
Advisor's Signature:			Date:
Advisor's Printed Name:			Phone Number:
Student's Signature:			Date:
Student's Printed Name:			Student V Number:
Student Email Address: _			Student Phone Number:
FOR OFFICE USE ONLY			
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SECTION B

If you have been impacted by any of the items listed below please complete the following section and and email your appeal and documentation to **rar@vcu.edu** after meeting with your advisor. Advisors also have the option to submit the appeal electronically through an internal process. Once approved, you will receive an email notification of the approval. Please attach a typed detailed description of your special circumstances and documentation on official letterhead that supports the circumstances indicated (i.e., doctor's letter, death certificate, employer's letter, military orders, letter from school advisor/program director/dean, etc.). All documentation should include specific dates that relate to the special circumstances.

 Circumstances affecting 	ig student performance or o	completion of a	a term:	
☐ Involuntary loss of students	dent employment resulting in wit ice in the armed forces of the Un I emergency	hdrawal from a t	oviding financial support, or dependent erm er state or national military mobilization	
2. Academic program dec	cisions requiring additional	courses:		
□ Double Majors□ Change of Majors□ Second Degree				
Student's Signature:		С	Date:	
Student's Printed Name: _		S	Student V Number:	
Student Email Address: _		S	tudent Phone Number:	
FOR OFFICE USE ONLY				
Approved:	Denied:	Date:	Initials:	_

