Credit Hour Threshold Appeal Form

Student Name: ___________________________  Date: ________________

e-mail Address: ________________________  School of Enrollment: ________________

University ID: □□□□-□□□□□□ or SIS ID: □□□□□□□□

This form is to be used by students receiving notification of the Virginia Credit Hours threshold limits. If you received this notification and would like to appeal, please complete and return to the address above. Your request will be reviewed and you will be notified by email of approval or denial by the end of the add/drop period for the coming term. Please make sure you include any documentation for your specific appeal such as doctor’s letter, death certificate, employer’s letter, military orders, etc.

Circumstances affecting student performance or completion of a term may include (check all that apply):

☐ Illness or disability
☐ Death or long-term disability of an immediate family member, person providing financial support, or dependent
☐ Involuntary loss of student employment resulting in withdrawal from a term
☐ Active or reserve service in the armed forces of the United States or other state or national military mobilization
☐ Other state or national emergency, and
☐ Service in AmeriCorps or Peace Corps

If you believe that you should be exempt from this surcharge for one of the above reasons, please provide an explanation below. Use additional paper if needed. You may provide a letter of support from a dean, advisor, or program director if relevant to your appeal.

For Official Use Only

Approved ☐  Denied ☐  Date: ___________________________