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 return your appeal to Records and Registration via the drop box in the Student Services Center.

Check the appropriate box(es) for the type of class(es) included and provide a listing of the identified class(es):

☐ Transfer credits from another Virginia public college or university that do not meet degree requirements for general education courses or your chosen program of study

☐ Advanced placement or international baccalaureate credits that were obtained while in high school or another secondary school program

☐ Dual enrollment, college-level credits obtained by you prior to receiving a high school diploma.

You must obtain your advisor’s signature for verification.

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

Approved: ___________________________ Denied: ___________________________ Date: ___________________________ Initials: ___________________________
SECTION B

If you have been impacted by any of the items listed below please complete the following section and return your appeal with the required documentation to Records and Registration via the drop box in the Student Services Center. 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.

1. Circumstances affecting student performance or completion of a term:

- [ ] 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
- [ ] Service in AmeriCorps or Peace Corps

2. Academic program decisions requiring additional courses:

- [ ] Double Majors
- [ ] Change of Majors
- [ ] Second Degree

Student’s Signature: _______________________________ Date: _______________________________

Student’s Printed Name: _______________________________ Student V Number: ___________________

Student Email Address: _______________________________ Student Phone Number: _______________

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Approved: _______________ Denied: _______________ Date: _______________ Initials: _______________