



AVC COUNSELING CENTER
For Review By
The Dean of Counseling & Matriculation

**DATE
RECEIVED:**

**STAFF
INITIALS:**

DATE: _____

STUDENT ID#: 9 0 0

NAME: _____

TERM: _____

(FIRST)

(M1)

CONTACT PHONE: _____

REASON FOR THE REVIEW BY DEAN PETITION:

FOR OFFICE USE ONLY:**Dean's Decision:**

Units increase to _____ Term 20 _____
 May not increase units.

OTHER:

Dean's Signature

Date

Processed By: _____

<input type="checkbox"/> Remove Hold	Notified By
<input type="checkbox"/> Placed Hard Hold	<input type="checkbox"/> PHONE
<input type="checkbox"/> Increase Units to _____	<input type="checkbox"/> LVM <input type="checkbox"/> CLM <input type="checkbox"/> Disconnected
Term 20 _____	<input type="checkbox"/> E-MAIL
<input type="checkbox"/> No Action Taken	

Time Stamp: