

# AVC COUNSELING CENTER

## For Review By

## The Dean of Counseling & Matriculation

DATE RECEIVED: \_\_\_\_\_

**STAFF  
INITIALS:** \_\_\_\_\_

DATE: \_\_\_\_\_

**STUDENT ID#:**

9	0	0							
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NAME: \_\_\_\_\_  
(Last) (First) (MI)

**TERM:**\_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

**REASON FOR THE REVIEW BY DEAN PETITION:**

[illegible]

**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:**