

## **Request for Waiver of Continuous Registration**

Certificate, Master's, and pre-candidacy Doctoral students who will be away from the University for a term (semester or 12-week term) or for two terms (a year on the semester system or two 12-week terms) may request a waiver of continuous registration and its associated tuition for the term(s) granted. A request for a waiver of registration should be filed 30 days before the beginning of the term (semester or 12-week term) for which the waiver is sought.

Student's Full Name (Last, Fi	rst, Middle)	Student	UID Number	Today's Date	_
	@umd.				
Student's UMD Email Address	S	Name of	Graduate Program		
Four-Character Program Cod	e	 Degree S	Sought	Month & Year Started	_
Number of previously reque	ested Waivers of Conti	inuous Registration:			
I hereby request that the Gr	aduate School waive	the Continuous Regis	tration requirement	for theseme	ster/term.
By signing here, I affirm that the impact on funding, loans students). In addition, I cert	s, student accounts, h	nousing, access to Uni	versity resources, a	nd visa status (for interna	
Student Signature	Date				
Program Director Name	Signature	 Date	Phone Extension	UMD Email Addre	<u>@u</u> md.edu ss
ISSS Representative (F1 or J1 International Students Only)	Signature	 Date	Phone Extension	UMD Email Addres	@umd.edu ss
Graduate School:			Appro	oval:	
Graduate School Reviewer	Signature	Date	 Denia	al:	