



### Request for Waiver of Regulation

Please provide the required information below and supplemental materials (if applicable), and briefly explain your petition in the space provided. The Graduate School will return a copy of its decision to the program and student via email. The petition must be signed by the student's Graduate Director and, if the petition involves a course, by the course instructor.

_____ Student's Full Name (Last, First, Middle)	_____ Student UID Number	_____ Today's Date
_____ Student's UMD Email Address @umd.edu	_____ Name of Graduate Program	
_____ Four-Character Program Code	_____ Degree Sought	_____ Month & Year Started

**Waiver Request:**

Retro-advance to Candidacy\*

Retro-add course\*\*

Other: \_\_\_\_\_

Retro-drop course\*\*

Course Information:	_____ Course	_____ Section
	_____ Credits	_____ Semester/Year
	_____ Instructor Signature	

\* Please include dates when requirements were met  
\*\* Please complete Course Information section

**Brief Explanation for Request:**

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_____ Primary Advisor Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address @umd.edu
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_____ Program Director Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address @umd.edu
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_____ ISSS Representative (F1 or J1 International Students Only)	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address @umd.edu
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Approval

_____ Graduate School Reviewer	_____ Signature	_____ Date	Denial: _____
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Please submit this form electronically to [gradschool@umd.edu](mailto:gradschool@umd.edu) or mail to the Graduate School, 7809 Regents Drive, College Park, MD 20740