

Office of the Registrar

Graduate Degree Clearance Petition for Missed Deadlines

Please provide the required information below and supplemental materials (if applicable), and briefly explain your petition in the space provided. The petition must be signed by the student's Graduate Director in addition to the student.

Student's Full Name (Last, First, Middle)	Stude	nt ID Number	Today's Date	
Student's Telephone	Graduate Program			
Semester of Expected Graduation	Student's UMD Email Address			
Waiver Request:	<u>Please Se</u>	elect One:		
Deadline for Diploma Application	Thesis	Non- Thesis		
Deadline for Nomination of Dissertation/Thesis Committee				
Submission Deadline for Dissertation/Thesis	Please inc	dicate your Educationa	al Objective(Ex:MS,MA,M.Ed,PhD,MBA	
Deadline for Approved Program Form				
Retroactive Program Graduation Conferral				

Brief Explanation for Request (please attach additional explanation/documentation as needed):

Primary Advisor Name	Signature	Date	Phone Extension	UMD Email Address	
Program Director Name	Signature	Date	Phone Extension	UMD Email Address	
Student's Name	Signature	Date			
			Approval		
Registrar Reviewer	Signature	Date	 Denial:	- Denial:	

Please submit this form electronically to registrar-graduate@umd.edu