



UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School



PETITION FOR WAIVER OF REGULATION

Date: _____

Print Full Name (Last, First, Middle)

Student University ID Number (UID)

Address

Graduate Program

Initial Term (GEMS use only)

City, State, ZIP

Degree Sought:

(Area Code) Telephone

Email Address

Student's Signature

Please provide the information requested below, and type or print legibly your request for waiver or modification of policy. Explain your petition on the reverse side of this form or attach a separate sheet. The program should keep a copy of this petition. The Graduate School will return a copy of its decision to the program and to the address the student provides above.

Please choose petition type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Deadline for Diploma Application | <input type="checkbox"/> Deadline for Committee Form | Adv. Spec. Students Only
<input type="checkbox"/> Add Course |
| <input type="checkbox"/> Deadline for Approved Program Form | <input type="checkbox"/> Retro Advance to Candidacy | <input type="checkbox"/> Drop Course |
| <input type="checkbox"/> Deadline for Certification of Completion | <input type="checkbox"/> Deadline for Dissertation/Thesis | <input type="checkbox"/> Waiver of Late
Registration Fee |
| <input type="checkbox"/> Waiver of Mandatory Fees | <input type="checkbox"/> Waiver of Continuous Registration | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Instructor (Print Name then Sign) **Adv. Spec. Students Only** Date

Telephone extension and Email Address

Advisor (Print Name then Sign) Date

Telephone extension and Email Address

Director of Graduate Program (Print Name then Sign) Date

Telephone extension and Email Address

Graduate School Representative Date

Granted **Denied**

Please return this form to:

The Graduate School
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0376 Voice • 301.314.9305 FAX
gradschool@umd.edu