Petition for Exception to Policy

Please Print Legibly in Blue or Black Ink!

Name: ___________________________________________ UID: ___________________________

Major(s): ________________________________________ Today’s Date: ______________________

Email Address: _____________________________________________

Phone Number: ________________________________

Action Requested: ________________________________ Requesting exception for: __________ semester

*Also select the appropriate action from the reverse side of this sheet.

• The College will consider an exception to academic policy ONLY IN RARE & EXTRAORDINARY CIRCUMSTANCES THAT WERE BEYOND YOUR CONTROL. The College does not make exceptions for poor judgment, poor performance, or forgetfulness. It is your responsibility to know and adhere to all academic policies.

• Full documentation is required for all requests (e.g. hospitalization records, letter on letterhead from medical professional which documents dates and extent of illness, obituary in the case of death of an immediate family member, etc.). All supporting documentation submitted with this request will be kept confidential. *Submission of false statements and/or documentation will result in referral to the Office of Student Conduct and possible dismissal or suspension from the University. *

• Failure to submit documentation will result in an AUTOMATIC DENIAL.

• Decisions on exceptions to policy will be sent to your email address within 3-5 business days.

STATEMENT OF JUSTIFICATION

Attach a TYPEWRITTEN Statement of Justification that persuasively explains why your case warrants administrative exception. In your statement, describe the circumstances leading to your request. Include any information and DOCUMENTATION that may be pertinent to making a decision, including future plans.

I have read the information above and on the back, and have provided DOCUMENTATION as needed. By signing this petition, I affirm that the statement and documentation I have provided are accurate.

Student Signature: ___________________________ Date: ___________________________

☐ Check here if this is your final semester and the decision of your petition will affect your graduation.

FOR OFFICE USE ONLY

APPROVED / DENIED / PENDING

Dean’s Office Signature: ___________________________ Date: ___________________________

Updated November 2015
Continued on Reverse
ACTION REQUESTED:
Please read carefully and check the appropriate action.

☐ Permission to Enroll within the Final 30 Credits
Attach a completed “Permission to Enroll” form*. If approved, pick up your form in 1300 Symons Hall.
*Available in 1300 Symons Hall and cmns.umd.edu/undergraduate/advising-academic-planning/permission-enroll

☐ Repeat Policy: Enroll in a Course for a Third Time
Note: University Policy allows 2 attempts. Credit is granted for a course only once.

Course: ____________  Term you wish to retake the course: ______________

☐ Repeat Policy: Exceed the 18 Repeat Credit Limit
Note: Credit is granted for a course only once.

Course: ____________  Term you wish to retake the course: ______________

☐ Drop Over 4 Credits
Note: Dropping below 12 credits may affect your financial aid, on-campus residency, visa status, or athletics eligibility. Check with the appropriate office(s) before taking this action. In your statement, justify extenuating circumstances that prevented a prior drop to the University deadline and why this specific course should be dropped and not others.

Course: ____________

☐ Late Add
Provide documentation of instructor approval, and get permission from the appropriate department first.

Course: ____________  Section: ____________  Credits: ____________  Grading Method: ____________

☐ Late Drop  Circle One:  Drop with a “W”  Drop without a “W”
Note: Dropping below 12 credits may affect your financial aid, on-campus residency, visa status, or athletics eligibility. Check with the appropriate office(s) before taking this action. In your statement, justify extenuating circumstances that prevented a prior drop to the University deadline and why this specific course should be dropped and not others.

Course: ____________  Section: ____________  Last date of course attendance: ____________

☐ Other
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
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_________________________________________________________________________________________________________________________