



College of Computer, Mathematical, and Natural Sciences

Office of Student Services • 1300 Symons Hall • 301-405-2080 • cmnsque@umd.edu

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: _____

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
