



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*: _____ Term and year for exception: _____

*Also select the appropriate action on 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 5-7 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 select the appropriate action.

Repeat Policy: Enroll in a Course for a Third Time

Note: Must include: (1) a statement identifying obstacles that impacted your performance in the previous attempts of the course; and (2) a description of what you will do in order to be successful if granted an exception. Be specific in outlining changes you are making. 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 You must choose 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: _____