



Request for Waiver of Regulation

Please provide the required information below and supplemental materials (if applicable), and briefly explain your petition in the space provided. The Graduate School will return a copy of its decision to the program and student via email. The petition must be signed by the student's Graduate Director and, if the petition involves a course, by the course instructor.

_____ Student's Full Name (Last, First, Middle)	_____ Student ID Number	_____ Today's Date
_____ Street Address	_____ Graduate Program	
_____ City, State, Zip	_____ Degree Sought	_____ Month & Year Started
_____ Student's Telephone	_____ Student's UMD Email Address	

Waiver Request:

Retro-advance to Candidacy*

Retro-add course**

Other: _____

Retro-drop course**

Course Information:	_____ Course	_____ Section
	_____ Credits	_____ Semester/Year
	_____ Instructor Signature	

* Please include dates when requirements were met
** Please complete Course Information section

Brief Explanation for Request:

_____ Primary Advisor Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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_____ Program Director Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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_____ ISSS Representative (F1 or J1 International Students Only)	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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Approval

_____ Graduate School Reviewer	_____ Signature	_____ Date	Denial: _____
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