UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School

PETITION FOR WAIVER OF REGULATION

Date: _____

UID

_____
Print Full Name (Last, First, Middle)

Graduate Program   Initial Term (GEMS use only)

_____
Address

Degree Sought: _____

_____
City, State, ZIP

_____
Email Address

_____
(Area Code) Telephone

_____
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:

Adv. Spec. Students Only

☐ Deadline for Diploma Application   ☐ Deadline for Committee Form   ☐ Add Course
☐ Deadline for Approved Program Form   ☐ Retro Advance to Candidacy   ☐ Drop Course
☐ Deadline for Certification of Completion ☐ Deadline for Dissertation/Thesis   ☐ Waiver of Late
☐ Waiver of Mandatory Fees   ☐ Waiver of Continuous Registration   Registration Fee
☐ 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

_____   ☐ **Granted** ☐ **Denied**
Graduate School Representative   Date

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
grschool@deans.umd.edu

Revised 9/01