



**OFFICE OF THE REGISTRAR
APPEAL FOR SPECIAL EXCEPTION FORM**

1113 Clarence Mitchell Jr. Building, College Park, MD 20742-5231 301.314.8254 Fax: 301.314.9568
registrar-appeals@umd.edu

Term of Appeal: Year: _____ Semester: Fall _____ Spring _____
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Student Name: _____ UID: _____
(Last) (First) (M.I.)

Student Mailing Address: _____

Student Phone Number: (Daytime): _____ (Evening): _____

Student Status: Undergraduate Preferred E-mail: _____
 Graduate

Please read the instructions below prior to submission of your appeal:

By University of Maryland [academic policy](#), a withdrawal is available anytime between the first and last day of classes. Students must submit a signed [Withdrawal Form](#) to the Office of the Registrar no later than the last day of classes. In exceptional cases, a retroactive withdrawal may be granted based on documented requests in which extenuating circumstances significantly impaired the student's ability to complete the semester and officially withdraw by the established semester deadline. Such circumstances include, but are not limited to, medical or psychological causes.

If you wish to appeal for an exception to the withdrawal policy due to extenuating circumstances, you may request a review of your case through the Office of the Registrar. **All appeals must be requested in writing and signed (by the student making the request).** Please fill out page 2 with a statement detailing your circumstances. When submitting a written appeal, be sure to:

1. Clearly state what you are requesting.
2. Describe the special circumstances of your situation, and make sure you can provide documentation that supports the circumstances described in your statement.
3. Understand that exceptions to this policy are granted only in rare and extraordinary circumstances that were beyond your control. The University does not make exceptions for poor judgment, poor performance, or forgetfulness. It is your responsibility to know and adhere to all academic policies.

Once you have filled out this form, email it to registrar-appeals@umd.edu. You will then receive an invitation to a Box folder, which will be sent specifically to the email address provided on this form. Box is where you will upload your supporting documents. Decision letters will also be emailed to the email address provided on **this** form. Submission of your supporting documentation is required within one month of the Box invite. Incomplete submissions cannot be reviewed. If additional information is required to process your appeal, you will be contacted via e-mail. If you have any questions please call 301-314-8254 or email registrar-appeals@umd.edu.

Provide a typewritten Statement of Justification that explains why your case warrants a special exception. Describe the circumstances related to your request, and include any information that may be pertinent to consider in making a decision. *Statement may alternately be attached as a separate typed document, provided it is signed and dated.* **THIS form still must be signed before submitting.** If you will be submitting a separate document, make note of that in that text field below.

*Signature: _____ Date: _____
*Instructions on how to properly digitally sign this form can be found [here](#)