

UMD CONTINUING EDUCATION IN-HOUSE PETITION

Section A – Personal Information			
Student Name	Student ID#	E-mail	
		Current Phone	
Current Street Address	City	State	Zip Code
Collegiate Unit	<input type="checkbox"/> Continuing Education		

Section B – Request this petition pertains to	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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Action requested: Re-enroll in classes dropped due to nonpayment.

Re-enroll in the following class(es): (Include full course information including subject, catalog # and 5-digit call #)

Class 1	Class 2	Class 3	Class 4
Subject _____	Subject _____	Subject _____	Subject _____
Catalog # _____	Catalog # _____	Catalog # _____	Catalog # _____
5-Digit call _____	5-Digit call _____	5-Digit call _____	5-Digit call _____
<u>Instructor Recommendation</u>	<u>Instructor Recommendation</u>	<u>Instructor Recommendation</u>	<u>Instructor Recommendation</u>
<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend
<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> No Recommendation	<input type="checkbox"/> No Recommendation	<input type="checkbox"/> No Recommendation	<input type="checkbox"/> No Recommendation
Instructor Signature: _____	Instructor Signature: _____	Instructor Signature: _____	Instructor Signature: _____
Date _____	Date _____	Date _____	Date _____

The following facts and documentation support the request: Payment in full **PLUS** additional re-enrollment and late fees (FALL = \$120.00; SPRING = \$120.00; SUMMER = \$20.00) have been made/ posted to my account.

I certify that the information given is true, correct, and complete to the best of my knowledge. I understand that falsification of information may result in disciplinary action.

Student signature _____ **Date** _____

Instructor Comments

Section C – Action

Authorized signature _____	Date _____		
<input type="checkbox"/> Approved	Comments		
<input type="checkbox"/> Denied			
Effective Date	Term/year	By	Date

Return this form to: Continuing Education, 104 Darland Administration Building