## APPEAL FORM

Notre Dame of Maryland University recognizes that, on rare occasions, serious extenuating circumstances may prevent you from adhering to the established policies and procedures of the University, including observing published deadline dates. This University Appeal Form was designed for these situations.

Keep in mind, however, that the University STRICTLY ADHERES to its published policies, procedures and deadlines. Only in EXTRAORDINARY CIRCUMSTANCES will appeals be considered and approved. The burden of proof of these circumstances falls upon YOU, the student. Also note that action taken as a result of this appeal could affect your financial aid. For clarification, contact the Financial Aid Office.

## Important!! Read this section before proceeding:

The Registrar's Office is responsible for certifying drop/ withdrawal dates to the Business Office. These dates may be changed only if you are able to present compelling evidence that the actual date of the resignation occurred earlier EXTENUATING CIRCUMSTANCES TOTALLY BEYOND YOUR CONTROL ignorance of university policies and procedures are not acceptable reasons), you were unable to resign in a timely manner.

The proof of the extenuating circumstances is your responsibility. Failure to provide appropriate documentation will result in the denial of the appeal.

Please follow the directions below. Be sure to complete each step before submitting your appeal. Incomplete appeals will be returned to you with no action taken.

Be sure you understand there is one set of deadline dates that refers exclusively to deadlines for refunds (or reduction of fees owed) and another set of deadline dates that refers to the final dates to adjust registration for the semester. All dates are published on the university Academic Calendar

- If approved by the Registrar, the appeal will be presented to the Appeals Committee for exception to University policy.
- The committee meets once a month for review. Decisions by the committee are final.
- You will be notified via your NDM e-mail of the outcome of your appeal.

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Appeals Checklist						
	☐ Completed Appeals Form (Page 2).					
	☐ Detailed explanation for this appeal (Page 3).					
	☐ Letter from instructor verifying last date of attendance for every section being appealed.					
	Supporting Documentation (Appeals submitted without supporting documents will not be considered).					
	<ul> <li>Medical Records (Submit to Office of Accessibility and Health Promotions)</li> <li>Accident Reports</li> <li>Letters/Email from attorneys, faculty, advisor etc.</li> </ul>					
	Email completed Appeal Form and full documentation to the Registrar's Office (registrar@ndm.edu. MAKE SURE					
	THAT THE SUBJECT INCLUDES ATTN: APPEAL REQUEST. Check WebAdvisor or with the Registrar's Office for					
	the outcome of the appeal.					

IF YOU HAVE RECEIVED FINANCIAL AID, ACTION TAKEN VIA THIS APPEAL COULD RESULT IN YOUR HAVING TO REPAY A PORTION OF THOSE FUNDS TO THE UNIVERSITY. FOR CLARIFICATION, CONTACT THE OFFICE OF STUDENT FINANCIAL AID.

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## **APPEAL FORM**

*Everyone should complete this section.					
NAME		COLLEGE/PROGRAM (during semester being appealed)			
STUDENT NUMBER					
ADDRESS					
CITY	STATE	E ZIP			
HOME PHONE	WORK PHONE		CELL PHONE		
NDM E-MAIL	@ndm	n.edu		_	
SIGNATURE		DATE			
I request that the following exception(s) to U  Fall Semester Spring Semester Spring Semester Change in registration/ drop/ withdraw From: C[ˇ   ◆ ↑ ★ ♠ ↑ ★ ♠ ↑ ★ ♠ ↑ ★ ♠ ↑ ★ ♠ ↑ ★ ♠ ↑ ★ ♠ ♠ ♠ ♠	emester O Sumr	mer Session O	Winterim Semester	20	
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<ul> <li>☐ Resign (withdrawal all courses)</li> <li>☐ Other (Please Specify)</li> <li>☐ TO BE COMPLETED BY THE OFFICE offi</li></ul>	F STUDENT FINANC  Student is red Pell Grant Other Title IV ed. proved.	CIAL AID ceiving financial aid Aid			
Comments					
Signature Date		_			
	REGISTRAR'S OFFI	CE USE ONLY			
Date Processed Processed by					
Comments					

(rev 04/19)

DETAILED EXPLANATION FOR THIS APPEAL