

General Petition Form

Office of the Registrar, 100 International Drive 5th Floor, Baltimore, MD 21202

Phone: 410-234-9250 Fax: 410-800-4096

Submit this form through SEAM's Online form: <https://support.sis/jhu.edu/case/>

General Petition Policy

Students may receive an exception to the refund policy for extraordinary circumstances beyond their control, provided that the request is made within three weeks of the session end date. All circumstances need to include documentation. Maximum refunds under such circumstances will be equal to one refund level higher than the student received. Students who experience severe medical problems, a death in their immediate family, or are called into active duty may receive 100% refund. Petitions are reviewed based on consultation with committee members from the faculty, advising, and academic staff. The committee review is monthly and notification is sent by email to the student of the final decision. Appeals must follow the same submission process for review.

- The Registrar's Office will review petitions once a month (every first business day of the month).
- Petitions must be submitted within the current academic semester in which the course was taken.
- Please refer to the school's refund policy in the Student Handbook.
- If approved, the course(s) specified will be dropped or withdrawn from the student record.

*Required

Student Information

| | | | | | | |
|---------------|------------|-------------------|------------------------------|------------------------------|------------------------------|----------|
| Student ID * | Last Name* | First Name | <input type="checkbox"/> Mr. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Dr. | M.I. |
| Address | | City | State | Country (if not U.S.) | | Zip Code |
| Day Telephone | | Evening Telephone | | Email address | | |

Method of Tuition Payment (check all that apply): Cash Check Charge Employer Contract JHU Remission Financial Aid

Request Information

| Course Number(s)* | Course Title(s)* | Term* | Session* |
|---|------------------|-------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| <i>Specifics of request*</i> | | | |
| <i>Reason*</i> (Please provide documentation to substantiate request) | | | |

Student Signature* _____ Date* _____

For Office Use Only

Approval Signature _____ Date _____ Refund Percentage _____