

## General Petition Form

**Office of the Registrar**, 100 International Drive 5<sup>th</sup> Floor, Baltimore, MD 21202  
**Phone:** 410-234-9250 **Fax:** 410-800-4096 **Email:** [carey.registration@jhu.edu](mailto:carey.registration@jhu.edu)

### 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- **If approved, the course(s) specified will be dropped or withdrawn from the student record.**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 \_\_\_\_\_