

**Department of Psychology
Appeal for Exception to PSYC Policy or
Appeal of Dismissal from PSYC**

Students who will be unsuccessful in passing their academic performance review or who have been dismissed from the major, may appeal to the Directory of Undergraduate Studies for a postponement of the review. Such appeals for postponement will require documentation of unusual, extenuating, or special circumstances and a clear plan for completing requirements. The student will be notified by e-mail of the appeal decision.

You must turn in this Checklist and all other requested information to the Undergraduate Psychology Office by _____. [Date is given only when appropriate.] Use this Checklist as a cover sheet and check off each item to show that your appeal is complete. Appeals will not be reviewed until all items have been received, including the faculty letter of recommendation.

Name: _____ UID _____ - _____ - _____ e-mail _____

An appeal for a postponement of the Academic Performance Review must contain the following seven sections:

- [1] ___ The precise reason why you will be or are unsuccessful in passing your academic performance review or why you are being dismissed from PSYC.
- [2] ___ Unusual, extenuating, or special circumstances you wish to bring to our attention.
- [3] ___ Documentation of unusual, extenuating, or special circumstances.
- [4] ___ Specific, concrete steps you plan to take to remedy this situation if given the opportunity.
- [5] ___ A schedule of courses you plan to take each semester until the academic performance review requirements have been completed. For each course, indicate whether the course is required or an elective.
- [6] ___ Unofficial Transcript
- [7] ___ **Optional** Letter of Recommendation: A letter of recommendation from a faculty member of Department of Psychology who knows your work and believes that you should be given more time to complete the academic performance may enhance you appeal. Show your letter of appeal and a copy of your transcript to the faculty member. The faculty member should complete the recommendation form and return it to Dr. Katherine F. Russell (russell@psyc.umd.edu), Director of Undergraduate Studies. Faculty member from whom we can expect the recommendation form: _____ [Please print.]

I understand the Psychology appeal process and further understand that all information must be complete and received by the appeal deadline [when appropriate] for my appeal to be considered. If my appeal for additional time is denied and I fail to pass the academic performance review, I will need to select another major. Under such circumstances, I will seek advising from the College of Behavioral and Social Sciences.

Signing signifies that I have read and understand the above:

Student Signature

Date

**Department of Psychology
Faculty Member Letter of Recommendation
Undergraduate Letter of Appeal**

TO BE COMPLETED BY STUDENT

Name _____ Student Number _____

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Maryland, and I hereby waive any rights that I may have to examine it. ___ Yes ___ No

Signature _____ Date _____

TO BE COMPLETED BY RECOMMENDER

I have read the letter of appeal and academic transcript submitted by _____ who is asking for additional time to complete the academic performance review requirements for the psychology major.

A recommendation signifies I am confident in the student's abilities and have been personally impressed by the student and I feel he/she should be given more time to complete the academic performance review requirements.

My overall endorsement is marked below:

___ Not recommended

___ Recommended with some reservations

___ Recommended

___ Highly Recommended

Additional Comments –

Faculty Member's Name _____

Signature _____ Date _____