



 703-653-0240
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Global Counter Insider Threat Professional Waiver Request Form

Name:			
Employer:			
Work Email:			
Current Expiration Date (for time extension request):		New Expiration Date Requested (for time extension request):	
Date Waiver Submitted:			
REASON FOR WAIVER REQUEST			
<input type="checkbox"/> Extension Request	<input type="checkbox"/> Accommodation Request	<input type="checkbox"/> Other Request	
Explain the reasons for the request for this waiver. (Limit 1,000 words) (Please attach all pertinent documentation with the initial submission so your waiver request can be properly reviewed.)			
ACTION TAKEN (For PMO Only)			
<input type="checkbox"/> Waiver is approved			
<input type="checkbox"/> Waiver is rejected			
<input type="checkbox"/> Return – Incomplete information in the waiver request/additional information is requested.			
Submit no later than:			
Comments:			

GCITP PMO Signature: _____ Date: _____