UNIVERSITY OF MARYLAND EASTERN SHORE

DIVISION *of* ACADEMIC AFFAIRS

School of Graduate Studies

REQUEST FOR CHANGE OF THESIS TRACK

(*To be used only by matriculated students, not applicants or graduated students*)

Student's Name: _____ Date: ____/____/____
Last First Middle

Student's ID: _____

Current Degree Program: _____

Requested change from ☐ Thesis to ☐ Non-Thesis track:

Requested change from ☐ Non-Thesis to ☐ Thesis track:

_____ Date: ____/____/____
Signature of Student (mandatory)

Approved By:

_____
Advisor Date

_____
Graduate Program Director Date

_____
Dean of Graduate School Date

_____
School of Graduate Studies (graduatestudies@umes.edu) Date