UNIVERSITY OF MARYLAND
EASTERN SHORE

DIVISION *of* ACADEMIC AFFAIRS

School of Graduate Studies

REQUEST TO CHANGE AN AREA OF SPECIALIZATION

Date: ___/_____/_____

Student's Name: _____ Student's I.D.:_____
Last First Middle

I respectfully request permission to change my area of specialization.

_____ ____/_____/_____
Student's Signature (mandatory) Date

Current Area of Specialization: ***Requested Area of Specialization:***

_____ _____

Degree Program: _____

Approved: ***Approved:***

_____ _____
Current Advisor (Print Name/Signature) New Advisor (Print Name/Signature)

_____ _____
Current Graduate Program Director (Print Name/Signature) New Graduate Program Director (Print Name/Signature)

_____ _____
Date Date

_____ _____
Dean of Graduate School Date

_____ _____
Office of the Registrar Date

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