UNIVERSITY OF MARYLAND EASTERN SHORE

OFFICE OF THE REGISTRAR

Student Development Center, Suite 1120, Princess Anne, Maryland 21853
Phone: (410) 651-6413/6414 Email: registrar@umes.edu Website: www.umes.edu/registrar

REQUEST FOR CHANGE OF MAJOR, MINOR, CONCENTRATION OR CAMPUS

Last Name_____ **First Name**_____ **Student ID#**_____

Classification: ☐ **FRESHMAN** ☐ **SOPHOMORE** ☐ **JUNIOR** ☐ **SENIOR** ☐ **GRADUATE**

MAJOR, MINOR, CONCENTRATION CHANGE FROM	**MAJOR, MINOR, CONCENTRATION CHANGE TO**
Major_____	Major_____
Concentration_____ *(If Applicable)*	Concentration_____ *(If Applicable)*
Minor_____ *(If Applicable)*	Minor_____ *(If Applicable)*
Remove Concentration_____ *(If Applicable)*	Add Concentration_____ *(If Applicable)*
Remove Minor_____ *(If Applicable)*	Add Minor_____ *(If Applicable)*
CAMPUS LOCATION CHANGE Request to Change **from** the following campus location; select only if applicable: ☐ UNIVERSITY OF MARYLAND EASTERN SHORE (UMES) ☐ BALTIMORE MUSEUM OF INDUSTRY (BMI) ☐ HAGERSTOWN ☐ SHADY GROVE ☐ VIRTUAL (ONLINE PROGRAM MAJOR)	**CAMPUS LOCATION CHANGE** Request to Change **to** the following campus location; select only if applicable: ☐ UNIVERSITY OF MARYLAND EASTERN SHORE (UMES) ☐ BALTIMORE MUSEUM OF INDUSTRY (BMI) ☐ HAGERSTOWN ☐ SHADY GROVE ☐ VIRTUAL (ONLINE PROGRAM MAJOR)

Student Signature: _____ **Date:**_____

APPROVED BY	
Department Chair **from** which transfer is being made Signature_____ Date_____	Department Chair **to** which transfer is being made Signature_____ Date_____
*Department Chair of Minor being **removed**; if different from major department* Signature_____ Date_____	*Department Chair of Minor being **added**; if different from major department* Signature_____ Date_____
Office of the Registrar: _____ **Date:**_____	