

UNIVERSITY OF MARYLAND EASTERN SHORE
 Application for Change in Course Registration- ADD AUTHORIZATION

Student ID # _____ Name: _____
Last First MI

Session: Fall _____ Winter _____ Spring _____ Summer: I _____ II _____ III _____
Year Year Year Year

	DEPARTMENT	COURSE NO	SECTION NO	CREDIT HRS	GRADUATE CREDIT
1					

	DEPARTMENT	COURSE NO	SECTION NO	CREDIT HRS	GRADUATE CREDIT
2					

ADVISOR OR DEPT CHAIR	DATE
INSTRUCTOR	DATE
DEAN	DATE
GRADUATE DEAN (IF APPLICABLE)	DATE
VP FOR ACADEMIC AFFAIRS	DATE

ADVISOR OR DEPT CHAIR	DATE
INSTRUCTOR	DATE
DEAN	DATE
GRADUATE DEAN (IF APPLICABLE)	DATE
VP FOR ACADEMIC AFFAIRS	DATE

NOTE: 1. YOU CAN ADD COURSES ONLY DURING THE ADD PERIOD. SPECIFIC DATES ARE PRINTED IN THE ACADEMIC SCHEDULE.
2. THIS ADD FORM IS EFFECTIVE FROM THE DATE THE APPLICATION IS FILED WITH THE OFFICE OF THE REGISTRAR.
3. RETAIN YOUR COPY. IT MUST BE PRESENTED TO THE REGISTRAR'S OFFICE IF YOU EXPERIENCE SCHEDULE PROBLEMS.

FOR OFFICE USE ONLY	
RECORDED: OFFICE OF THE REGISTRAR	
WHITE COPY-OFFICE YELLOW-STUDENT	
CLERK _____	DATE _____

STUDENT'S SIGNATURE _____ DATE _____