



**Office of the Registrar  
Graduate Directed Course Title Request Form**

1113 Clarence L. Mitchell Jr. Building, College Park, MD 20742-5231 301-314-8240 Fax 301-314-9568  
[registrar-graduate@umd.edu](mailto:registrar-graduate@umd.edu)

**Date:** \_\_\_\_\_  
MM/DD/YYYY

**Student University ID Number (UID):** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Semester:** \_\_\_\_\_  Fall  Winter  Spring  Summer I  Summer II  
Year

**Course:** \_\_\_\_\_ **Section Number:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course Title** (limited to 24 characters): \_\_\_\_\_

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\_\_\_\_\_  
Instructor (Print Name then sign) Date

\_\_\_\_\_  
Phone Extension Email

\_\_\_\_\_  
Department Chair (Print Name then sign) Date

\_\_\_\_\_  
Phone Extension Email

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Please return the completed form to:

Office of the Registrar  
1113 Mitchell Building • University of Maryland  
College Park, MD 20742-5212  
Email: [registrar-graduate@umd.edu](mailto:registrar-graduate@umd.edu)