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): _____________________________________________

Instructor (Print Name then sign) __________________________  Date ________
                              Phone Extension _______  Email ______________________

Department Chair (Print Name then sign) __________________________  Date ________
                              Phone Extension _______  Email ______________________

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