

UNIVERSITY OF MARYLAND BALTIMORE
Change in Registration Request (ADD/DROP)

Name: _____ Term/Year _____

Student I.D. Number: @ _____ Date: _____

ADD

CRN	Subj. Abbr.	Course No.	Credits	Audit	Department Approval

DROP*

CRN	Subj. Abbr.	Course No.	Credits	Audit	(1) Drop Code	(2) Effective Date mm/dd/yr

Advisor's Signature _____ Date: _____

*Graduate Program Director's Signature: _____ Date: _____

This form is to be used for all registration changes. Consult the Graduate School or your program for specific procedures and deadlines. Do not use this form to request a complete withdrawal from the University for the term or for a registration cancellation for the term.

- (1) Drop Codes: DC – No Refund
DD - 100% Refund
DG – Graduate School Only, Prorated Refund (first week of class only)

- (2) Effective Date (Month/Day/Year) is mandatory.

If you require special accommodations or services, please notify your department and the Office of Student Services at 410-706-7117/7714 (voice/TDD)