

UNIVERSITY OF MARYLAND, BALTIMORE  
**Graduate School**  
**Course Registration Request Form**

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**Instructions:** Enter your name, student number, date, program of study and term for which you are registering in the spaces provided. Please print neatly. Enter your course registration(s) following the Example below:

CRN*	SUBJ	COURSE #	SEC.	TITLE	CREDITS	AU	REPEAT
93566*	GPLS	899	01	Doctoral Dissertation Research	3		

Indicate with a check (✓) if you are Auditing or Repeating a course. Obtain your advisor's or program coordinator's signature and deliver or fax this form to the Graduate School.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Number: @ \_\_\_\_\_

Term/Year: \_\_\_\_\_

Program / Department **MASTERS IN**  
**MOLECULAR MEDICINE/CELLULAR**  
**&MOLECULAR BIOMEDICAL SCIENCE**

CRN	SUBJ	COURSE #	SEC.	TITLE	CREDITS	AU	REPEAT

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*Available from the *Schedule of Classes* booklet; also on-line at <http://www.graduate.umaryland.edu/resources/forms.html>  
 If you require special accommodations or services, please notify your department and the Office of Student Services at 410-706-7117/7714 (voice/TDD)