UNIVERSITY OF MARYLAND, BALTIMORE
Graduate School
Course Registration Request Form

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 _____

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)

4/08