UNIVERSITY of MARYLAND
EASTERN SHORE

OFFICIAL REQUEST FOR CHANGE IN ACADEMIC SCHEDULE
(For the Academic Schedule Only)

ALL INFORMATION, INCLUDING INSTRUCTOR'S SOCIAL SECURITY NUMBER IS NEEDED BEFORE A CHANGE CAN BE PROCESSED.

Indicate Semester: ☐ Winter ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III ☐ Fall _____ Year

INSTRUCTOR'S CHANGE (Only)			**COURSE CHANGES (Only)**						
Add Instructor's Name	**Change Instructor's Name**	Social Security Number (**Must** be included)	**Course Prefix and Number** (Indicate course here)	**Change Day/Time From**	**Change Day/Time To**	**Seats (Indicate Number) Add**	**Delete**	**Add Section (Indicate section number only)**	**Delete Section (Indicate section number only)**

Approved: _____
Department Chair/Director Date

_____
Dean Date

_____
Entered in Computer Database by:
Date:_____

_____

6.5.09