



UNIVERSITY OF MARYLAND
EASTERN SHORE

OFFICE OF ADMISSIONS AND RECRUITMENT
1 Backbone Road, Princess Anne, MD 21853

STUDENT CHANGE OF INFORMATION FORM

Please complete this form and return with supporting documentation, if required, to the Office of Admissions & Recruitment.

_____		_____
Student ID		Date of Request

Last Name	First Name	Middle Initial

***FILL IN ONLY THE INFORMATION THAT IS TO BE CORRECTED**

<u>Name Change</u> (include photocopies of official supporting documents, i.e. court documents/license)			
Current Name:	_____		
	Last Name	First Name	Middle Initial
Name Change:	_____		
	Last Name	First Name	Middle Initial
<u>Address Change</u> (Cannot use Campus P.O. Box)			
Current Address:	_____		
	Street		

	City	State	Zip
New Address:	_____		
	Street		

	City	State	Zip
<u>Change of Semester</u> (Include official transcripts from any institution attended since initial application)			
	Previous College/University	From	Through
Current Semester/Term:	_____	_____	_____
Requested Semester/Term:	_____	_____	_____
<u>Change of Major</u>			
Current Major:	_____		
New Major:	_____		

Office Use Only:	Processor: _____	Date: _____
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