UNIVERSITY OF MARYLAND
EASTERN SHORE

School of Graduate Studies

DIVISION *of* ACADEMIC AFFAIRS

REQUEST FOR CHANGE OF THESIS TRACK
(*To be used only by matriculated students, not applicants or graduated students*)

Student's Name: _____ Date: ____/___/____
Last First Middle

Student's ID#_____

Current Degree Program: _____

Requested change from ☐ Thesis to ☐Non-Thesis track:

Requested change from ☐ Non-Thesis to ☐ Thesis track:

_____ Date: _____/_____/_____
Signature of Student (mandatory)

Approved By:

_____
Advisor Date

_____
Graduate Program Coordinator Date

_____
Dean of Graduate School Date

Comments: