



UNIVERSITY of MARYLAND  
EASTERN SHORE

OFFICE of the REGISTRAR

Student Development Center, Room 1120 | 1 Backbone Road | Princess Anne, Maryland 21853  
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REQUEST FOR CHANGE IN ACADEMIC SCHEDULE

- Please adhere to the academic scheduling matrix per semester
- A faculty ID number must be provided for instructor changes
- Please submit only one schedule change per row. If a class has multiple changes each adjustment must be outlined per row.

Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

Requestor Name \_\_\_\_\_ Title \_\_\_\_\_

Semester Year \_\_\_\_\_ : Fall  Spring  Summer: 10wk  5wk 1  5wk 2  Winter

	Subject (ENGL)	Catalog # (102)	Section # (0101)	Type of Change (add, remove, cancel, change)	Change Details (instructor, time, capacity, location, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Required Signatures

All academic schedule adjustment requires signatures. Signature requirements depend on date (deadline) of transaction processing.

1. \_\_\_\_\_  
Department Chair or Designate Date

2. \_\_\_\_\_  
Dean Date  
(Signature required depending on deadline date.)

Office of the Registrar

Processed  Declined Reason: \_\_\_\_\_

Office of the Registrar Processor

Date