

GRADUATE STUDENT SCHEDULE REQUEST FORM

Please complete this form and get your advisor's signature. Send the signed form to grad-ipst@umd.edu and complete the progress report survey to have your registration blocks removed. The Graduate Coordinator will contact you when your registration block has been removed.

Refer to <u>Testudo</u> for detailed registration information and deadlines.

NAME					
UID				EMAIL	
SEMESTER				DATE	
FULL-TIME RE	OUIREMEI	NT			
	-		ist register for at leas	st 24 units (in addition to the	e assistantshin) Students
			<u> </u>	egister for courses equivaler	
	•		•	ndidacy research, carries 18	
		,	, 1	,	,
COURSE REQU		1			
COURSE CODE	SECTION	CREDITS	GRADING	INSTRUCTOR	ELECTIVE RELATED
			(Reg, Aud)		TO RESEARCH?
ADVISOR NAM	E:			SIGNATURE:	
NOTE TO ADVISOR	S: Please sign	only after rec	eipt of the student's	semesterly Progress Report	-

NOTE TO CANDIDATES:

If you have reached candidacy, BIPH899 will automatically be added to your schedule about two weeks prior to the beginning of the semester. You do not need to complete this form unless you wish to register for additional courses.