



# UNIVERSITY OF MARYLAND

Physics Department  
Office of Student and Education Services  
1120 John S. Toll Physics Building  
College Park, Maryland 20742

## GRADUATE STUDENT SCHEDULE REQUEST FORM

|                 |              |
|-----------------|--------------|
| <b>Name</b>     |              |
| <b>UID</b>      | <b>Email</b> |
| <b>Semester</b> | <b>Date</b>  |

**Remember:** You must complete the online Graduate Student Survey each semester before you can register for classes. Go to <http://umdp.physics.umd.edu/graduate-student-survey.html> to access the survey.

If you have reached candidacy, PHYS899 will be automatically added to your schedule before the beginning of the semester. You do not need to complete this form, but you should still complete the online Graduate Student Survey.

Refer to the Schedule of Classes on Testudo for detailed registration information and deadlines. When necessary, it is the individual's responsibility to obtain department permission. This includes mandatory advising and any restricted courses. Register at [www.testudo.umd.edu](http://www.testudo.umd.edu).

| COURSE REQUESTS |         |                                |                   |                 |                     |
|-----------------|---------|--------------------------------|-------------------|-----------------|---------------------|
| Course Code     | Section | Grading Method (e.g. Reg, Aud) | Number of Credits | Instructor Name | Non-Specialization? |
|                 |         |                                |                   |                 |                     |
|                 |         |                                |                   |                 |                     |
|                 |         |                                |                   |                 |                     |
|                 |         |                                |                   |                 |                     |

If you wish for any of these courses to count toward the non-specialization requirement, please indicate this in the table and briefly describe (on the back of this page) why you think this course counts as not being in your area of specialization.

**Advisor Name** \_\_\_\_\_

Please have your advisor email permission to Jessica Crosby.

|                   |          |         |         |         |
|-------------------|----------|---------|---------|---------|
| Internal Use Only | _____GSS | _____AP | _____BR | _____NS |
|-------------------|----------|---------|---------|---------|