

AGRICULTURAL SCIENCE & TECHNOLOGY/PLANT SCIENCES

UNDERGRADUATE SCHEDULE REQUEST FORM

Department of Plant Science & Landscape Architecture, University of Maryland

- FALL _____
- SPRING _____
- SUMMER _____
- WINTER _____

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Student Identification Number (UID): _____ Email: _____ Faculty Advisor: _____

Please check your specialization/concentration: AGST: Agronomy AGST: Environmental Horticulture Agricultural Education PLSC: Horticulture & Crop Production
 PLSC: Landscape Management Plant Science Turf & Golf Course Management Urban Forestry

Year you plan on graduating:
 Fall _____ Winter _____
 Spring _____ Summer _____
 Please Check: CORE GENED

I understand that this request for courses obligates me for tuition charges and if I later decide not to attend I must cancel my registration in writing (PRIOR TO THE FIRST DAY OF CLASSES).

Student Signature: _____ Date: _____

COURSE REQUESTS:

Course	Section	Credits	Major (v)	Minor (v)	Additional Notes or Questions (Exceptions, etc.)

ALTERNATIVE REQUESTS:

Course	Section	Credits	Major (v)	Minor (v)	Additional Notes

PLANNING AHEAD (Courses taken outside the university require a **Permission to Enroll** form):

Course	Semester	Major (v)	Minor (v)	Additional Notes

Checklist: Make sure you have completed all the necessary steps **before** meeting with your faculty advisor.

- Check your assigned **registration appointment** (Testudo → Appointment and Registration Status). This is the earliest you can register for classes after meeting with your advisor. This does not indicate when you will meet with your advisor; you should meet with your advisor prior to this date and time.
- Set-up an appointment with your faculty advisor prior to your assigned time from previous step.
- Review your 4-year plan, including your CORE/GENED requirements to make sure you are on track.
- Review your **Degree Audit** (Testudo → Degree Audit) to ensure that you are on track. Please make note of any questions/exceptions required so your advisor can review/edit as needed.
- Print out schedule form. Reminder: Class and advising blocks will **not** be lifted until after you see your faculty advisor so plan ahead. Bring to your advising appointment completed.

I have met with my faculty advisor to discuss my schedule for the upcoming semester as well as to discuss any other concerns I may have. I also understand that it is ultimately my responsibility to keep track of requirements for graduation within this program.

Student Signature: _____ Date: _____

I have met with the above student to discuss his/her schedule and any other concerns he/she may have.

Faculty Signature: _____ Date: _____