



UNIVERSITY OF MARYLAND

TWO SEMESTER PLAN

As a condition for reinstatement, the following information must be provided to the Reenrollment Office.

LAST NAME: _____ FIRST NAME: _____ M.I. _____

STUDENT ID: _____ - _____ - _____

COLLEGE: _____ MAJOR: _____

Utilizing the assistance of an academic advisor, complete the remainder of this form, listing the courses you intend to register for during the next two academic semesters. NOTE: Students are advised to make an appointment to meet with their advisor.

YEAR: _____ SEMESTER: _____ FALL _____ SPRING

Course	Credits	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YEAR: _____ SEMESTER: _____ FALL _____ SPRING

Course	Credits	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISOR'S NAME: _____ ADVISING STAMP: _____
(PLEASE PRINT)

ADVISOR'S SIGNATURE: _____ DATE: _____

This completed form must be returned for review to the Office of Undergraduate Admissions, Mitchell Building, College Park, MD 20742, no later than two weeks prior to the first day of classes, before the student can be reinstated.

REENROLLMENT APPROVAL: _____ DATE: _____