



UNIVERSITY OF MARYLAND, COLLEGE PARK  
Office of the Registrar



**APPROVED PROGRAM FOR THE MASTER OF**

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The student named below has filed an Application for Graduation, indicating an expectation to graduate at the end of this semester. The Graduate School asks you to certify that satisfactory completion of the program described on the reverse of this form will fulfill the graduate program course requirements for the master's degree specified above. (Please type or print all information)

Date: \_\_\_\_\_

\_\_\_\_\_  
Full Name (Last, First, Middle)

\_\_\_\_\_  
UID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Graduate Program Code

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Degree Sought:

\_\_\_\_\_  
(Area Code) Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Area of Specialization

\_\_\_\_\_  
Supporting Area

Please Check One:                     Thesis Option                     Non-Thesis Option

**PROGRAM:** Use the table on the back of this form to list ONLY courses required for the degree. (Courses in which the student received the grade of "D" or "F" are not applicable.) The program should represent ALL courses the student plans to present for the degree sought, work completed and work in progress. List transfer credit and indicate the institution where earned. Any transfer coursework must have been taken within seven years of the award of the University of Maryland, College Park Master's degree for which the student is currently enrolled. All other coursework must normally be taken within five years of the Master's degree. **Coursework older than five years at the time of graduation must be revalidated and approved by the Graduate School.**

\_\_\_\_\_  
Advisor (Print Name then Sign)                    Date

\_\_\_\_\_  
Telephone Extension/Email Address

\_\_\_\_\_  
Director of Graduate Program (Print Name then Sign)                    Date

\_\_\_\_\_  
Telephone Extension/Email Address

Please return this form to:

The Office of the Registrar  
1113 Mitchell Building • University of Maryland  
College Park, Maryland 20742-5121  
Email: [registrar-graduate@umd.edu](mailto:registrar-graduate@umd.edu)  
Fax: 301-314-9568

**APPROVED PROGRAM**

**LAST NAME:** \_\_\_\_\_ **UID:** \_\_\_\_\_

List courses in chronological order, starting with earliest credits earned.

Semester/Year	Course Prefix/Number	Course Title	Grade	Credits	Revalidation Sent (Y/N)
<i>EXAMPLE</i>	<i>EXAMPLE</i>	<i>EXAMPLE      EXAMPLE      EXAMPLE</i>	<i>EXAMPLE</i>	<i>EXAMPLE</i>	<i>EXAMPLE</i>
<b>Total Credits</b>					

Clearly indicate transfer/inclusion courses (if any) and list below all institutions where such courses were taken:

- 1.
- 2.