



UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar



CERTIFICATION OF MASTER'S DEGREE WITHOUT THESIS

Date: _____

Full Name (Last, First, Middle)

UID Number

Address

Graduate Program Code

City, State, Zip

Degree Sought:

(Area Code) Telephone

Email Address

The student named above is a candidate for the Master's degree in _____ without thesis, and who seeks the degree at the _____ (semester/year) Commencement has met all the requirements of the graduate program including (if applicable):

Seminar or Research Papers	Date Completed
Comprehensive Examinations	Date Completed

Provisions have been met. Yes _____ No _____

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
Fax: 301-314-9568