UNIVERSITY OF MARYLAND
College of Education
Graduate Studies

GRADUATE "AUDIT" REQUEST

Name _____

UID Number: _____ Email:_____

Department:_____ Program:_____

Degree seeking: ☐ M.A. Thesis ☐ A.G.S.

☐ M.A. Non-thesis ☐ Ph.D. or Ed.D.

☐ M.Ed.

I plan to graduate: _____
Semester/Year

Please email the Audit request to Clarissa Coughlin at caa@umd.edu.

Your audit will be emailed to the email address provided. All required graduate forms are available online at
http://www.education.umd.edu/studentinfo/graduate_info/index.html

All required graduate forms are available online at https://education.umd.edu/student-resources/student-services/graduate-studies-student-services-office/graduate-studies-forms

_____
Signature Date

Revised 8/04/11