### ADMISSIONS NOTIFICATION

### MEASUREMENT STATISTICS CERTIFICATE

### ENROLLMENT FORM

**Certificate in Measurement, Statistics** & **Evaluation**

**Name:**

**UM Student ID#:**

**Email:**

**Current Graduate Program:**

**Proposed EDMS Advisor** (*leave blank if no preference*)**:**

**Proposed Semester/Year Entering EDMS Certificate Program:**

**Please provide terms taken and grades received in any EDMS courses thus far:**

|  |  |  |
| --- | --- | --- |
| *Course* | *Term Taken* | *Grade Received* |
| *EDMS623* |  |  |
| *EDMS646* |  |  |
| *EDMS647* |  |  |
| *EDMS651* |  |  |
| *EDMS\_\_\_* |  |  |
| *EDMS\_\_\_* |  |  |
| *EDMS\_\_\_* |  |  |

### COMMENTS (*to be completed by EDMS DGS*):

Signature of EDMS Director of Graduate Studies Date

*Please submit the approved form to the graduate studies coordinator, Jannitta Graham at* *Jgraham7@umd.edu*