UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

Advanced Graduate Specialist Certificate Completion Form

Date: _____

Student University ID Number (UID) _____

_____

Last Name **First Name** **Middle Initial**

Graduate Certificate Program and Program Code: _____ (____ ____ ____ ____)

Complete the chart below, listing the required courses, in chronological order, towards the advanced graduate specialist certificate. Your unofficial transcript provides information on term completion and course grade. For courses which grades are not posted, leave the course grade blank. Please indicate the name of the institution for coursework outside of UMD.

Semester/ Year	Course Prefix/Number	Course Title	Grade	Credits
			Total Credits	

(continue on the next page listing a minimum of 60 credits; 30 credits required at the 600-level or above)

Professional practice experiences planned for the program:

Total credits from other universities: _____ Total credits from University of Maryland: _____ Cumulative Total: _____

Program Director or Advisor: Certification of Satisfactory Completion

The student above has indicated an expectation to graduate with a Graduate Certificate. Please certify that the student has fulfilled the graduate program's course requirements satisfactorily.

_____	_____	_____	_____
Program Advisor (Print Name)	**Program Advisor (Signature)**	**Program Advisor Email**	**Date**
_____	_____	_____	_____
Program Director of Graduate Studies (Print Name)	**Program Director (Signature)**	**Program Director Email**	**Date**
_____	_____	_____	
Associate Dean (Print Name)	**Associate Dean (Signature)**	**Date**	

Associate Dean Submission Deadlines: 4:30 p.m.

Fall Graduation: October 1 Spring Graduation: March 1 Summer Graduation: July 8

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

Semester/ Year	Course Prefix/Number	Course Title	Grade	Credits
			Total Credits	

A.G.S. comprehensive examination successfully passed on: ____________________ Advisor's Signature: ________________________

Revised 07/2015