

UNIVERSITY OF MARYLAND
College of Education

DOCTORAL PROGRAM

Approval Sheet

Submit one copy of the approval sheet stapled to one copy of the *DOCTORAL PROGRAM*. After departmental review and approval, submit all forms to the Graduate Studies College Office.

Name _____ UID _____
Degree _____ Ph.D. _____ Ed.D. Department _____ Program _____
Concentration _____ Advisor _____

Doctoral students must file an approved Doctoral Program form with the College Office prior to completion of the 21st postmasters credit hour. Students failing to do so will not be permitted to register.

Advisor's Signature

Date

Department Graduate Director's Signature

Date

Associate Dean's Signature

Date

(Reminder, all candidates must be advanced within 5 years of the original admission date)

