UNIVERSITY OF MARYLAND, COLLEGE PARK
Graduate Enrollment Management Services (GEMS)

APPROVED PROGRAM FOR THE MASTER OF

_____

Date: _____

The student named below has filed an Application for Graduation, indicating an expectation to graduate at the end of this semester. The Graduate Enrollment Management Services (GEMS) office asks you to certify that satisfactory completion of the program described on the reverse of this form will fulfill the graduate program course requirements for the master's degree specified above. (Please type or print all information)

			—			—				

Student ID Number

_____
Print Full Name (Last, First, Middle)

Graduate Program

_____
Address

_____
City, State, ZIP

Degree Sought: _____

_____
(Area Code) Telephone

_____
Email Address

_____
Area of Specialization

_____
Supporting Area

Please Check One: ☐ Thesis Option   ☐ Non-Thesis Option

PROGRAM: Use the table on the back of this form to list ONLY courses required for the degree. (Courses in which the student received the grade of "D" or "F" are not applicable.) The program should represent ALL courses the student plans to present for the degree sought, work completed and work in progress. List transfer credit and indicate the institution where earned. Any transfer coursework must have been taken within seven years of the award of the University of Maryland, College Park Master's degree for which the student is currently enrolled. All other coursework must normally be taken within five years of the Master's degree. **Coursework older than five years at the time of graduation must be revalidated and approved by the Director of the GEMS.**

_____   _____
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:

Graduate Enrollment Management Services
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0376 Voice • 301.314.9305 FAX
grschool@deans.umd.edu

Revised 9/01

APPROVED PROGRAM

List courses in chronological order, starting with earliest credits earned.

Semester/Year	Course Prefix/Number	Course Title	Grade	Credits	Revalidation Sent (Y/N)
			Total Credits		

Clearly indicate transfer/inclusion courses (if any) and list below all institutions where such courses were taken:

1.

2.