



UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

PROFESSIONAL PRACTICE DOCTORAL DEGREE MID-PROGRAM EVALUATION

Directions: Read carefully the specific requirements for the doctoral degree as set forth in the Graduate Catalog. Complete this form and have it endorsed by your advisor and the Director of the Graduate Program in which the degree is offered. This form must be received by The Office of the Registrar prior to the 25th of the month in order for the advancement to be effective the first day of the following month. All admission provisions must be met in order to advance to candidacy.

Date: _____

Print Full Name (Last, First, Middle)

Student University ID Number(UID)

Address

Graduate Program Code

City, State, Zip

Degree Sought:

(Area Code) Telephone

Email Address

Date Comprehensive Examination Completed

To the Advisor: By endorsing this application, you are attesting that, in the opinion of the student's professor, he or she has undergone the necessary preliminary examinations or such other substantial tests as the program may elect as prerequisites to candidacy, and has demonstrated the ability to continue graduate study in the chosen field successfully and to pursue the degree sought. Please print name and sign below, where indicated.

Academic Advisor's Name (Print)

Email Address/Extension

Academic Advisor's Signature

Date

Email Address/Extension

Graduate Program Director's Signature

Date

Please submit this form electronically to registrar-graduate@umd.edu
or mail to the Office of the Registrar, 1113 Mitchell Building, College Park, MD 20740