



UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School

DUAL MASTER'S AND DOCTORAL PROGRAM

Date: _____

Student's Full Name (Last, First, Middle)

Student UID Number

Student's UMD Email Address @umd.edu

Graduate Program Code Initial Term

Degree Sought

- The course outline for the Master's program and Doctoral program must be attached.
Students will not be allowed to use the coursework for the Master's degree to satisfy the requirements for any other Master's degree.
All coursework for the Master's Degree must be taken within five years. Courses older than five years at the time the degree is awarded must be revalidated.
Under no circumstances will a student be permitted to pursue two concurrent doctoral degrees.
International students must receive approval from ISSS prior to making this request.

MASTER'S

DOCTORAL

The student listed above has been recommended to participate in a Dual program in _____ and _____.

The student is in good standing in their doctoral program and is making satisfactory progress towards the doctorate.

Master's Advisor (Print name then sign) Date

Doctoral Advisor (Print name then sign) Date

@umd.edu

@umd.edu

Advisor's telephone extension and email address

Advisor's telephone extension and email address

Director of Master's Program (Print name then sign) Date

Director of Doctoral Program (Print name then sign) Date

@umd.edu

@umd.edu

Director's telephone extension and email address

Director's telephone extension and email address

@umd.edu

ISSS Representative (Print name then sign) Date

ISSS telephone extension and email address

Graduate School Reviewer Date

Approve

Disapprove

Please return this form to:

The Graduate School
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.3644 Voice • 301.314.9305 FAX
gradschool@umd.edu