UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

Graduate Certificate Completion Form

Date: _____

Student University ID Number (UID) _____

_____

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

Graduate Certificate Program and Program Code: Prof Studies-Geospatial Info Sciences (Z035)

Complete the chart below, listing the required courses, in chronological order, towards your graduate certificate. Your unofficial transcript provides information on term completion and course grade. For courses which grades are not posted, leave the course grade blank. In addition to the courses listed below, please include any other coursework that may be required towards the certificate.

Semester /Year	Course Prefix/Number	Course Title	Grade	Credits
	GEOG653	Spatial Analysis		3
	GEOG656	Programming & Scripting for GIS		3
	GEOG651	Spatial Statistics		3
			Total Credits	12

Student Submission deadline to Program Director or Advisor

Fall 2017 Graduation: September 25 **Spring 2018** Graduation: February 22 **Summer 2018** Graduation: June 29

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 Director or Advisor (Print Name and Sign) **Email Address**

_____ _____

Department/College approval (if applicable) **Date**

Some programs may require additional approval by the department/college

Program Director or Advisor Submission Deadlines: 4:30 p.m.

Fall 2017 Graduation: October 2 **Spring 2018** Graduation: March 1 **Summer 2018** Graduation: July 6

Please return this form to:

Office of the Registrar
1113 Mitchell Building ● University of Maryland
College Park, Maryland 20742-5121
Email: registrar-graduate@umd.edu

Revised 07/2017