



UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar



Application for Graduation
(Graduate Certificates Only)

Date: _____

Student University ID Number (UID): _____

Last Name First Name Middle Initial

Please make sure that your permanent address on record is correct. You can verify this information by visiting [Testudo](#).

Graduate Certificate Program and Program Code: _____

Expected Graduation Date:

___ December

___ May _____ Year

___ August

Please also make sure that your permanent address and name on record is correct.

Student Submission Deadlines: 4:30 p.m.

Fall 2019: September 10, 2019 **Spring 2020:** February 7, 2020 **Summer 2020:** July 17, 2020

Please return this form to:

The Office of the Registrar
Diploma Services
1118 Mitchell Building • University of Maryland
College Park, Maryland 20742-5121
Email: diploma@umd.edu