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

# DUAL MASTERS AND DOCTORAL PROGRAM

Date: _____

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| | | | | | | | | | | |

Student ID Number

Print Full Name (Last, First, Middle)

Address

City, State, ZIP

(Area Code) Telephone

Graduate Program

Initial Term (GEMS use only)

Degree Sought: _____

Email Address

- 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 course work for the Master's Degree must be taken within five years. Course work taken within seven years must be revalidated by the department. All coursework taken beyond the seven years rule can not be used toward the Master's Degree.
- Under no circumstances will a student be permitted to pursue two concurrent doctoral degrees.

**MASTERS** **DOCTORAL**

The student listed above has been recommended to participate in a Dual program in _____ _____ and _____. The student is in good standing in his/her doctoral program and is making satisfactory progress towards the doctorate.

**Advisor** (Print Name then Sign) Date

**Advisor's** Telephone extension and Email Address

**Director of Graduate Program** (Print Name then Sign) Date

**Director's** Telephone extension and Email Address

Graduate Dean's Designee Date

**Advisor** (Print Name then Sign) Date

**Advisor's** Telephone extension and Email Address

**Director of Graduate Program** (Print Name then Sign) Date

**Director's** Telephone extension and Email Address

☐ **Approve** ☐ **Disapprove**

Please return this form to:

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

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