



UNIVERSITY OF MARYLAND, COLLEGE PARK  
Office of the Registrar



MASTER DEGREE APPROVED PROGRAM  
COMPLETION FORM

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name (Last, First, Middle)

\_\_\_\_\_  
Student University ID Number (UID)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Graduate Program Code

\_\_\_\_\_  
Degree Sought

\_\_\_\_\_  
Area of Specialization

\_\_\_\_\_  
Supporting Area

Please Check One:

Thesis Option

Non-Thesis Option

**PROGRAM:** The degree audit should clearly indicate courses required for the degree. (Courses in which the student received the grade of "D" or "F" are not applicable.) The Program should represent ALL completed courses the student plans to present for the degree. Any transfer coursework must have been taken within seven years of the award of the University of Maryland, College Park Master's degree for which the student is currently enrolled. All other coursework must normally be taken within five years of the Master's degree. **Coursework older than five years at the time of graduation must be revalidated and approved by the Graduate School.**

**Certification of Satisfactory Completion**

The student above has filed an application for graduation, indicating an expectation to graduate with a Graduate Degree. Attached to this form is a copy of the student's degree audit from uAchieve that shows that the student has fulfilled the graduate degree's course requirements satisfactorily.

\_\_\_\_\_  
Advisor (Print Name then Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Extension/Email Address

\_\_\_\_\_  
Director of Graduate Program (Print Name then Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Extension/Email Address

Please return this form to:

The Office of the Registrar  
1113 Mitchell Building • University of Maryland  
College Park, Maryland 20742-5121  
Email: [registrar-graduate@umd.edu](mailto:registrar-graduate@umd.edu)  
Fax: 301-314-9568