UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

APPROVED PROGRAM COMPLETION FORM

Date: _____

_____   _____

Student's Full Name (Last, First, Middle)   **Student University ID Number (UID)**

_____   _____   _____

Student Email Address   **Four Character Program Code**   **Semester of Graduation (ex. Spring 2023)**

☐ **Master's degree Sought:**_____

Thesis option: ☐   Non-thesis option: ☐

☐ **Post-Baccalaureate Certificate Sought:**_____

PROGRAM: The degree audit should clearly indicate courses required for the completion. (Courses in which the student received the grade of "D" or "F" are not applicable.) The Program should represent all completed courses the student presents for the degree. NO transfer coursework may be used for the post-baccalaureate certificate. All coursework must be taken within five years of the degree award. **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 indicated an expectation to graduate. Attached to this form is a copy of the student's degree audit from uAchieve that shows that the student has fulfilled the graduate certificate's course requirements satisfactorily.

_____ _____ _____ _____ _____@umd.edu
Primary Advisor Name   Signature   Date   Phone Extension   UMD Email Address

_____ _____ _____ _____ _____@umd.edu
Program Director Name   Signature   Date   Phone Extension   UMD Email Address

Please submit this form electronically to registrar-graduate@umd.edu
or mail to the Office of the Registrar, 1113 Mitchell Building, College Park, MD 20740