



Certification of Master's Degree Without Thesis

Name (Last, First): _____ Student ID #: _____@00

Current Program: _____ Current Level: MS PhD

I expect to receive an MS degree in the _____ program in _____ Semester _____ Year

Student's Signature: _____ Date: _____

Faculty Advisor: Please review and complete the information below.

- Minimum number of credits required for this MS degree: _____ credits
- Number of coursework credits successfully completed at the University of Maryland, Baltimore which will *apply toward this MS degree*: _____ credits
- Number of graduate credits transferred from other universities toward this MS degree: N/A _____ credits
- List waived coursework and number of credits, if any: N/A _____ ()
_____ ()
- This student has met all requirements for the degree, including any required items listed below. Yes
 - Course requirements
 - Seminars or research papers
 - Written Comprehensive examination
 - Oral Comprehensive examination
 - Language requirements
- Is this is an MS *en route to the PhD*? Yes No
- Is this is a *terminal MS in lieu of the PhD*? If yes, forward documentation to the Graduate School. Yes No

The undersigned have reviewed the coursework and credits required for graduation from the above program and certify that this student has completed all program requirements for the MS degree.

Advisor's Signature: _____ Date: _____

Advisor's Printed Name: _____

Graduate Prog. Director's Signature: _____ Date: _____

Graduate Prog. Director's Printed Name: _____

Submit this form and signed 'Fulfillment of Course Requirements' to the Graduate School by e-mail, fax, mail, or delivery.

Graduate School
620 W Lexington St Fifth Floor
Baltimore, MD 21201
gradforms@umaryland.edu
Fax: 410-706-3473