



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)

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

\_\_\_\_\_  
Program Code(s)

<input type="checkbox"/> Master's degree Sought: _____ Thesis option: <input type="checkbox"/> Non-thesis option: <input type="checkbox"/>
<input type="checkbox"/> 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Extension/EmailAddress

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Extension/EmailAddress

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