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.

1. Minimum number of credits required for this MS degree: _______ credits

2. Number of coursework credits successfully completed at the University of Maryland, Baltimore which will apply toward this MS degree: _______ credits

3. Number of graduate credits transferred from other universities toward this MS degree: □ N/A _______ credits

4. List waived coursework and number of credits, if any: □ N/A _______ (___) _______ (___)

5. 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

6. Is this an MS en route to the PhD? □ Yes □ No

7. Is this 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
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Baltimore, MD 21201
gradforms@umaryland.edu
Fax: 410-706-3473