

Fulfillment of Course Requirements for Master's Degree

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:		
Student:			
1. Attach a printout of your unofficial transcript from SURFS of (including research, independent study, etc.) which will apply toward your degree will show as "Non-Applicable" on your properties.	y toward this MS degree. Cou		
* If you choose to list your course information on a separate	sheet, include the following d	letails for eac	h course:
COURSE PREFIX, NO. TITLE	SEM/YEAR		GRADE
E.g.: PREV 600 Prin. of Epidemiology	Summ 2013	3	B+
2. List any graduate transfer credits from other institutions that	have been accepted for this M	IS degree: □	N/A
	ΓUTION SEM/ YEAF		
E.g.: BIO 602 Prin. of Biostatistics Univ o	f Massachusetts Summ 2014	3	A-
3. Present this form and your unofficial transcript/list of courses Director for review and signature.	s to your Faculty Advisor and	Graduate Pr	ogram
Faculty Advisor: 1. Please review this form and attached unofficial transcript/list	of courses.		
2. Clearly indicate which courses apply to this MS degree and v student's record count toward this MS degree, please write "courses and initial it.			
The undersigned have reviewed the coursework and credits and certify that this student has fulfilled all course requirem		m the above	program
Advisor's Signature:	Da	nte:	
Advisor's Printed Name:			
Graduate Prog. Director's Signature:	Da	nte:	
Graduate Prog. Director's Printed Name:			
Submit this form 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