

## UNIVERSITY OF MARYLAND, COLLEGE PARK The Office of the Registrar

## **CERTIFICATION OF MASTER'S DEGREE WITHOUT THESIS**

		Date:	
Print Full Name (Last, First, Middle)		Student ID Number  Graduate Program	
Address			
City, State, ZIP		Degree Sought:	
(Area Code) Telephone		Email Address	
The student named above is a candidate for the Master's degree in			
without thesis, and who seeks the degree at th	e	(semester/year) Commencement	
has met all the requirements of the graduate program including (if applicable):			
Seminar or Research Papers		Date Completed	
Comprehensive Examinations		Date Completed	
Provisions have been met. Yes		No	
Advisor (Print Name then Sign)	Date	Telephone extension and Email Address	
Director of Graduate Program (Print Name then Sign)	Date	Telephone extension and Email Address	
Please return this form to:			

The Office of the Registrar

1113 Mitchell Building • University of Maryland
College Park, Maryland 20742-5121

301.314.9568 FAX