Approved Program for the Master of

Directions to Student: Complete 1-9, the table on page 2, scan and e-mail both pages to your program director.

Date: _______________________

1) Student UID Number ___________ - - ___________

2) ____________________________
   Degree Sought

3) _____________________________________________
   Last Name                      First Name         Middle I.

4) _____________________________________________
   Permanent Address Number and Street Address            Apartment    City            State     Zip Code

5) ________________________________
   Area Code/Telephone Number

6) _____________________________________________
   E-mail

7) _____________________________
   Area of Specialization

8) _____________________________
   Supporting area

9) Check One: ☐ Thesis Option    ☐ Non-Thesis Option

Directions for Approved Program Table: Use the table on the page 2 and list ONLY the courses required for the degree. (Courses in which the student received the grade of “D” or “F” are not applicable.) The program should represent ALL the courses the student plans to present for the degree sought, work complete and work in progress. List transfer credit and indicate the institution where earned. Any transfer coursework must have been taken within seven years of the award of the University of Maryland, College Park Master’s degree for which the student is currently enrolled. All other coursework must normally be taken within five years of the Master’s degree. Coursework older than five years at the time of graduation must be revalidated and approved by the Graduate School.

Directions to Graduate Director for Professional Program: Certification of Satisfactory Completion

The student named above has filed an Application for Graduation, indicating an expectation to graduate at the end of this semester. The Graduate School asks you to certify that satisfactory completion of the program described on page 2 of this form will fulfill the graduate program course requirements for the master’s degree specified above. Forward the certified form (both pages) to:

Candidate Clearance Office, 1113 Mitchell Building, CAMPUS
by the following deadline dates, 4:30 p.m.: 

May Graduation: by March 1       August Graduation: by June 15       December Graduation: October 1

Advisor & Graduate Director for Professional Program (Print Name)   Advisor & Graduate Director for Professional Program Signature & Date

__________________________________________  ________________________________
Area Code/Telephone Number                      E-mail

Professional Master Approved Program Form, Updated January 30, 2013, p. 1 of 2
### Approved Program Table

List courses in chronological order, starting with earliest credits earned. List ONLY the courses required for the degree.

<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Course/Prefix Number</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credits</th>
<th>Revalidation Sent (Y/N)</th>
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</table>

#### Total Credits

Clearly indicate transfer/inclusion courses (if any) and list below all institutions where such courses were taken:

1.

2.

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**Student Submission Deadlines, 4:30 p.m.:**

- **May Graduation:** by February 15
- **August Graduation:** by July 1
- **December Graduation:** September 15

Scan and e-mail completed form to your program director.