

UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

Advanced Graduate Specialist Certificate Completion Form

Student University ID Number (UID) _____ Date: _____

Last Name First Name Middle Initial

Graduate Certificate Program and Program Code: _____ (____ _)

Complete the chart below, listing the required courses, in chronological order, towards the advanced graduate specialist certificate. Your unofficial transcript provides information on term completion and course grade. For courses which grades are not posted, leave the course grade blank. Please indicate the name of the institution for coursework outside of UMD.

(continue on the next page listing a minimum of 60 credits; 30 credits required at the 600-level or above)

Professional practice experiences planned for the program:

Total credits from other universities: _____ Total credits from University of Maryland: _____ Cumulative Total: _____

Program Director or Advisor: Certification of Satisfactory Completion

The student above has indicated an expectation to graduate with a Graduate Certificate. Please certify that the student has fulfilled the requirements satisfactorily.

Program Advisor (Print Name) Program Advisor (Signature) Program Advisor Email Date

Program Director of Graduate Studies (Print Name) Program Director (Signature) Program Director Email Date

Associate Dean (Print Name) Associate Dean (Signature) Date

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