
Print Full Name (Last, First, Middle)

Address

City, State, ZIP

(Area Code) Telephone

Area of Specialization

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Student ID Number

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Graduate Program

Degree Sought: _____

Email Address

Supporting Area

Please Check One: Thesis Option Non-Thesis Option

PROGRAM: Use the table on the back of this form to list ONLY 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 courses the student plans to present for the degree sought, work completed 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 Director of the GEMS.

Director of Graduate Program (Print Name then Sign) Date

Telephone Extension/Email Address

Please return this form to:

Graduate Enrollment Management Services
2123 Lee Building x University of Maryland
College Park, Maryland 20742-5121
301. /_(MCID 61 >>BDC 7)JTJ 4e2 ()Q0dease r x PUnive0.446TJ 0 Tc 1 >8(e rTJ 4(314T

