

Certification of Requirements for Certificate

Name: (last, first) _____ Student ID Number: @ _____

Program: _____ Required Number of Credits: _____

Student's Signature: _____ Date: _____

Faculty Advisor: Please complete information below.

I certify that this student is a candidate for the following certificate _____.

This student expects to receive his/her certificate in _____
Semester Year

This student has met all requirements for the certificate, including any required items below. If yes, check here .

- Course requirements
- Seminars or research papers
- Language requirements

Number of course work credits successfully completed at the University of Maryland, Baltimore: _____.

Number of graduate credits transferred from other universities: _____.

The undersigned have reviewed the coursework and credits required for graduation from the above program.

Advisor's Signature: _____ Date: _____

Graduate Prog. Director's Signature: _____ Date: _____