

# Certification of Requirements for Certificate

Name: (last, first) \_\_\_\_\_ Student ID Number: @ \_\_\_\_\_

Program: \_\_\_\_\_ Required Number of Credits: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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/their 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: \_\_\_\_\_