



## Certification of Master's Degree Without Thesis

Name (Last, First): \_\_\_\_\_ Student ID #: \_\_\_\_\_@00

Current Program: \_\_\_\_\_ Current Level:  MS  PhD

I expect to receive an MS degree in the \_\_\_\_\_ program in \_\_\_\_\_ Semester \_\_\_\_\_ Year

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

**Faculty Advisor: Please review and complete the information below.**

1. Minimum number of credits required for this MS degree: \_\_\_\_\_ credits
2. Number of coursework credits successfully completed at the University of Maryland, Baltimore which will *apply toward this MS degree*: \_\_\_\_\_ credits
3. Number of graduate credits transferred from other universities toward this MS degree:  N/A \_\_\_\_\_ credits
4. List waived coursework and number of credits, if any:  N/A \_\_\_\_\_ ( )  
\_\_\_\_\_ ( )
5. This student has met all requirements for the degree, including any required items listed below.  Yes
  - Course requirements
  - Seminars or research papers
  - Written Comprehensive examination
  - Oral Comprehensive examination
  - Language requirements
6. Is this is an MS *en route to the PhD*?  Yes  No
7. Is this is a *terminal MS in lieu of the PhD*? If yes, forward documentation to the Graduate School.  Yes  No

**The undersigned have reviewed the coursework and credits required for graduation from the above program and certify that this student has completed all program requirements for the MS degree.**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Printed Name: \_\_\_\_\_

Graduate Prog. Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Prog. Director's Printed Name: \_\_\_\_\_

Submit this form and signed 'Fulfillment of Course Requirements' to the Graduate School by e-mail, or delivery.

Graduate School  
620 W Lexington St, 1st Floor  
Baltimore, MD 21201  
[gradforms@umaryland.edu](mailto:gradforms@umaryland.edu)