



UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar

APPROVED PROGRAM COMPLETION FORM

Date: _____

Student's Full Name (Last, First, Middle)

Student University ID Number (UID)

BMBA

Personal Email Address

Program Code(s)

Form with checkboxes and text: Master's degree Sought: Master of Business Administration, Thesis option: [], Non-thesis option: [X], Post-Baccalaureate Certificate Sought: []

PROGRAM: The degree audit should clearly indicate courses required for the completion. (Courses in which the student received the grade of "D" or "F" are not applicable.) The Program should represent all completed courses the student presents for the degree. NO transfer coursework may be used for the post-baccalaureate certificate. All coursework must be taken within five years of the degree award. Coursework older than five years at the time of graduation must be revalidated and approved by The Graduate School.

Certification of Satisfactory Completion

The student above has indicated an expectation to graduate. Attached to this form is a copy of the student's degree audit from uAchieve that shows that the student has fulfilled the graduate certificate's course requirements satisfactorily.

Martha Schnare [Signature] 2.4.22
Advisor (Print Name then Sign) Date

mschnare@umd.edu
Telephone Extension/EmailAddress

Kathryn Duffy [Signature] 2.4.22
Director of Graduate Program (Print Name then Sign) Date

ktduffy@umd.edu
Telephone Extension/EmailAddress

Please return this form to:

Martha Schnare
Email: mschnare@umd.edu
Robert H. Smith School of Business