



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)

Personal Email Address

Program Code(s)

☐

Master's degree Sought: _____

Thesis option: ☐

Non-thesis option: ☐

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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.

Feven Girmay

Feven Girmay

2/6/24

Advisor (Print Name then Sign)

Date

fgirmay@umd.edu

Telephone Extension/EmailAddress

Amy Swann

Amy Swann

2/6/24

Director of Graduate Program (Print Name then Sign)

Date

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Robert H. Smith School of Business