



UNIVERSITY OF MARYLAND, COLLEGE PARK
Office of the Registrar



APPROVED PROGRAM FOR THE MASTER OF
Business Administration

The student named below has filed an Application for Graduation, indicating an expectation to graduate at the end of this semester. The Graduate School asks you to certify that satisfactory completion of the program described on the reverse of this form will fulfill the graduate program course requirements for the master's degree specified above. (Please type or print all information)

Date: _____

Print Full Name (Last, First, Middle)

Student University ID Number (UID)

Address

BMBA
Graduate Program Code

City, State, Zip

Degree Sought: Master of Business Administration

(Area Code) Telephone

Personal Email Address

N/A
Area of Specialization

N/A
Supporting Area

Please Check One: Thesis Option Non-Thesis Option

PROGRAM: Use the table on the back of this form to list ONLY courses required for the degree. (Courses in which the student received the grade of "D" or "F" are not applicable.) The program should represent ALL courses the student plans to present for the degree sought, work completed and work in progress. List transfer credit and indicate the institution where earned. Any transfer coursework must have been taken within seven years of the award of the University of Maryland, College Park Master's degree for which the student is currently enrolled. All other coursework must normally be taken within five years of the Master's degree. Coursework older than five years at the time of graduation must be revalidated and approved by the Graduate School.

Komal Dilawari
Advisor (Print Name then Sign) Date

301-405-6252 kdilawari@rhsmith.umd.edu
Telephone Extension/Email Address

Caroline Lukich
Director of Graduate Program (Print Name then Sign) Date

301-405-2282 clukich@rhsmith.umd.edu
Telephone Extension/Email Address

Please return this form to:

Komal Dilawari
Email: kdilawari@rhsmith.umd.edu
Robert H. Smith School of Business



UNIVERSITY OF MARYLAND, COLLEGE PARK
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CERTIFICATION OF MASTER'S DEGREE WITHOUT THESIS

Date: _____

Print Full Name (Last, First, Middle)

Student University ID Number (UID)

Address

___BMBA___
Graduate Program Code

City, State, Zip

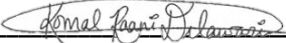
Degree Sought: Master of Business Administration

(Area Code) Telephone

Personal Email Address

The student named above is a candidate for the Master's degree in Master of Business Administration without thesis, and who seeks the degree at the Spring 2018 (semester/year) Commencement has met all the requirements of the graduate program including (if applicable):

| Seminar or Research Papers | Date Completed |
|----------------------------|----------------|
| N/A | |
| | |
| Comprehensive Examinations | Date Completed |
| N/A | |
| | |

Komal Dilawari  2.2.18
Advisor (Print Name then Sign) Date

301-405-6252 kdilawari@rhsmith.umd.edu
Telephone Extension/Email Address

Caroline Lukich  2.2.18
Director of Graduate Program (Print Name then Sign) Date

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