

UNIVERSITY OF MARYLAND, COLLEGE PARK Office of the Registrar



APPROVED PROGRAM FOR THE MASTER OF Science in Information Systems_____

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)
	BMIS
Address	Graduate Program Code
	Degree Sought: _MS Information Systems
City, State, Zip	
(Area Code) Telephone	Pesronal Email Address
N/A	N/A
Area of Specialization	Supporting Area
Please Check One: Thesis Option	Non-Thesis Option
the student received the grade of "D" or "F" are no student plans to present for the degree sought, we indicate the institution where earned. Any transfer	to list ONLY courses required for the degree. (Courses in which of applicable.) The program should represent ALL courses the ork completed and work in progress. List transfer credit and recoursework must have been taken within seven years of the Master's degree. Coursework older than five
other coursework must normally be taken within f years at the time of graduation must be revalidat	•
other coursework must normally be taken within f	ed and approved by the Graduate School.
other coursework must normally be taken within f years at the time of graduation must be revalidat	ed and approved by the Graduate School. 301-405-0104 ggibson@rhsmith.umd.edu Telephone Extension/Email Address

Gabrielle Gibson
Email: ggibson@rhsmith.umd.edu
Robert H. Smith School of Business