

## 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/term. The Graduate School asks you to certify that satisfactory completion of the program by attaching a printed copy of a completed degree audit printout from uAchieve. The audit printout will show the student has fulfilled the graduate program course requirements for the master's degree specified above. (For Spring 2018 may include IP, in progress, courses)

-	Date:
Print Full Name (Last, First, Middle)	Student University ID Number (UID)
	ВМВА
Personal Email Address	Graduate Program Code
Master of Business Administration	
Degree Sought	
N/A	N/A
Area of Specialization	Supporting Area
Please Check One: Thesis Option	Non-Thesis Option
-	ourses required for the degree. (Courses in which the student
present for the degree sought, work completed and we taken within seven years of the award of the Universit student is currently enrolled. All other coursework mu	ne Program should represent ALL courses the student plans to ork in progress. Any transfer coursework must have been y of Maryland, College Park Master's degree for which the st normally be taken within five years of the Master's degree. <b>Nation must be revalidated and approved by the Graduate</b>
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