

University of Maryland Graduate School, Baltimore
Annual Doctoral Student Meeting

Name: _____ E-mail: _____ Program: _____
Status of Course Requirements: _____ _____ _____
Status of Preliminary/Comprehensive/Qualifying Examination (if appropriate): _____
Status of Doctoral Dissertation: _____ _____
Honors, Awards, Publications, Presentations (append additional pages if necessary): _____ _____ _____
Projected Completion Date for Course Requirements: _____ Ph.D. Candidacy Approval Date: _____ Projected Completion Date for Dissertation: _____
Advisor's or Mentor's Signature: _____ Date: _____ Student's Signature: _____ Date: _____ Graduate Program Director's Signature: _____ Date: _____

Please keep the original in the Student's Department and send a copy to the Graduate School.