

University of Maryland Graduate School, Baltimore

FULFILLMENT OF COURSE REQUIREMENTS FOR MASTER'S DEGREE

Name (last, first, M.I.)

Social Security Number

expects to receive a master's degree in the _____ program in _____
Month/Year

Thesis Option / Non-Thesis Option

Advisor _____

List all courses completed for graduate credit at UMBC. Include research courses and independent study.

Course No	Course Title	Sem./Year	Credits	Grade

If more space is needed please refer to Fulfillment of Course Requirements Continuation Form.

List courses in which student is currently enrolled.

Course No	Course Title	Sem./Year	Credits	Grade

List transfer credits from other institutions accepted towards master's degree.

Course No	Course Title	Sem./Year	Credits	Grade

APPROVAL SIGNATURES

Please type and sign

Faculty Advisor:	Signature:	Date:
Graduate Program Director:	Signature:	Date: