



THE GRADUATE SCHOOL AT **UMBC**
**CERTIFICATION OF COMPLETION OF MASTER'S
 DEGREE REQUIREMENTS**

Name: <i>(last, first, M.I.)</i>	Student ID:
Type of Masters Degree: Select	Graduation Term and Year: Select 20__ 20
Graduate Program:	

This student has met or is in progress* toward meeting all requirements of the Graduate School and the program for the degree, including *(please check all that apply)*:

<u>Completed</u>	<u>In Progress*</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Course Work
<input type="checkbox"/>	<input type="checkbox"/>	Thesis Defense
<input type="checkbox"/>	<input type="checkbox"/>	Capstone Project
<input type="checkbox"/>	<input type="checkbox"/>	Seminars and/or Research Papers
<input type="checkbox"/>	<input type="checkbox"/>	Written Comprehensive Examination
<input type="checkbox"/>	<input type="checkbox"/>	Oral Comprehensive Examination
<input type="checkbox"/>	<input type="checkbox"/>	Language Requirements

APPROVAL SIGNATURES		
Please type and sign		
I certify that all requirements for the Master's degree have been or are in process of being satisfied.		
Advisor:	Signature:	Date:
Graduate Program Director:	Signature:	Date: