



THE GRADUATE SCHOOL AT UMBC

APPLICATION FOR DIPLOMA FOR MASTER’S DEGREE

Complete and return this form to the Graduate School, Administration Building, by the announced deadline date for the semester in which you expect to graduate. Deadline dates are announced each semester on the UMBC Graduate School Web site

<http://www.umbc.edu/gradschool>.

		Today's Date:
Name as it should appear on diploma: <i>(first, middle, last)</i>		Campus ID*:
Permanent Address where diploma can be mailed:		
E-mail Address:	Home Phone: - -	Work Phone: - -
Mentor's Name:	Mentor's Phone Number: - -	Mentor's E-mail:
Co-Mentor's Name:	Co-Mentor's Phone Number: - -	Co-Mentor's E-mail:
Date degree to be conferred <i>(click one and fill in last 2 digits of the year)</i> : <input type="checkbox"/> December, Year 20__ <input type="checkbox"/> May, Year 20__ <input type="checkbox"/> August, Year 20__		
I am applying for the: <input type="checkbox"/> MA <input type="checkbox"/> MAT <input type="checkbox"/> MFA <input type="checkbox"/> MPP <input type="checkbox"/> MPS <input type="checkbox"/> MS		<i>If applicable:</i> <input type="checkbox"/> Thesis <input type="checkbox"/> Non-Thesis
Graduate Program:	Do you plan to attend the commencement ceremony where your degree will be conferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thesis/Dissertation Title:		

*myUMBC – View my campus information

1034 – 006

**Your diploma will be mailed approximately six weeks after the conferred date.

FULFILLMENT OF COURSE REQUIREMENTS FOR MASTER'S DEGREE

Name (last, first, M.I.)

Student ID

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:

Please provide a copy of this signed form to the graduate program support staff.

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