



THE GRADUATE SCHOOL AT UMBC

APPLICATION FOR A POST-BACCALAUREATE CERTIFICATE DIPLOMA

Today's Date:		
Type your name as it would appear on your diploma: <i>(first, middle, last)</i>		Campus ID:
Permanent Address where certificate can be mailed*:		
E-mail Address:	Home Phone: - -	Work Phone: - -
Select the academic term the coursework was completed: <i>(be sure to fill in the last two digits of the year)</i>		
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__		

I certify that I have completed the requirements for the _____ Department.
post-baccalaureate certificate in the _____

List all courses completed in fulfillment of the certificate requirements below.

Course No.	Course Title	Semester/Year	Credits

Approval Signatures Please type and sign		
Student:	Signature:	Date:
Certificate Coordinator:	Signature:	Date:
Graduate Program Director:	Signature:	Date:

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. Your student account will be assessed for a \$35.00 charge. Deadline dates are announced each semester on the UMBC Graduate School Web site <http://www.umbc.edu/gradschool>.

*myUMBC – View my campus information

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