

University of Maryland Graduate School, Baltimore

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>		Social Security Number: - -
Permanent Address:		
Local Address:		
E-mail Address:	Home Phone:	Work Phone:
Select one: <input type="checkbox"/> I will pick up my certificate. <input type="checkbox"/> I wish it to be mailed to my <input type="checkbox"/> permanent <input type="checkbox"/> local address.		
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 _____
post-baccalaureate certificate in the _____ Department.

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:
Associate Dean, Graduate School: Janet C. Rutledge	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. Deadline dates are announced each semester on the UMBC Graduate School Web site <http://www.umbc.edu/gradschool>.