



UNIVERSITY of MARYLAND
EASTERN SHORE

DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

FULFILLMENT OF COURSE REQUIREMENTS FOR MASTER'S DEGREE

Student's Name: _____ expects to receive a Master's degree in the

_____ program in _____. Student's I.D.: _____
(Month, year)

Area of Concentration (if applicable): _____

Thesis Option Non-Thesis Option Name of Advisor: _____

LIST BELOW ALL COURSES COMPLETED FOR GRADUATE CREDIT AT THE UNIVERSITY OF MARYLAND EASTERN SHORE, or attach the original approved program or plan of study, as updated with grades. If more space is needed, please attach a continuation sheet.

Course No.	Course Title	Sem./Session Year	Credits	Grade

LIST COURSES IN WHICH THE STUDENT IS ENROLLED PRESENTLY:

Course No.	Course Title	Sem./Session Year	Credits	Grade

LIST TRANSFER CREDITS FROM OTHER INSTITUTIONS ACCEPTED TOWARD THE MASTER'S DEGREE AT UMES:

Course No.	Course Title	Sem./Session Year	Credits	Grade

LIST COURSES IN STUDENT'S AREA OF CONCENTRATION (if applicable)

Course No.	Course Title	Sem./Session Year	Credits	Grade

Approved: _____
Faculty Advisor

Date

Graduate Program Director

Date

Department Chair

Date

Dean of School

Date

Dean of Graduate Studies

Date