



UNIVERSITY of MARYLAND
EASTERN SHORE

DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

FULFILLMENT OF COURSE REQUIREMENTS FOR DOCTORAL DEGREE

Student's Name: _____ expects to receive a Doctoral degree in the
_____ program in _____. Student's I.D.: _____
(Month, year)

Area of Concentration (if applicable): _____

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 DOCTORAL 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

_____ MEES/UMCP Graduate Program Coordinator (if applicable)

_____ Date

_____ Department Chair

_____ Date

_____ Dean of School

_____ Date

_____ Dean of Graduate Studies

_____ Date