



UNIVERSITY of MARYLAND  
EASTERN SHORE

DIVISION of ACADEMIC AFFAIRS  
School of Graduate Studies

**CERTIFICATION OF COMPLETION OF THE MASTER'S DEGREE**

Student's Name: \_\_\_\_\_ Student's I.D.: \_\_\_\_\_  
Last First Middle

Advisor: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Please check appropriate Master's degree:

- Masters of Arts in Teaching
- Master of Education
- Master of Science

We certify that \_\_\_\_\_ is a candidate for \_\_\_\_\_ degree  
Last First Middle

and seeks the degree at the commencement of \_\_\_\_\_. He / She has met all the requirements of the department or program for the degree including (as applicable):

**Thesis:**

\_\_\_\_\_  
Date of Completion

**Seminar or Research Paper or Master's Project:**

\_\_\_\_\_  
Date of Completion

**Comprehensive Examination(s):**

\_\_\_\_\_  
Date of Completion

**Internship or Practicum:**

\_\_\_\_\_  
Date of Completion

**APPROVALS:**

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
MEES/UMCP Graduate Program Coordinator (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Graduate School

\_\_\_\_\_  
Date