UNIVERSITY OF MARYLAND
EASTERN SHORE

DIVISION *of* ACADEMIC AFFAIRS
School of Graduate Studies

**PROPOSED SCHEDULE OF GRADUATE COURSES
AND TIMETABLE FOR GRADUATION***

Name of Student: _____ Student's ID Number: _____

Degree and Program: _____ Concentration :(AOS if applicable)_____

Faculty Advisor: _____ Proposed/ Expected Graduation Date:_____

Advisor's Signature: _____Student's Signature: _____ Date:_____

Please specify semester/ session (Fall, Spring, Summer I, II, III)   Year_____

Course No.   Course Title
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Semester/Session: Year:
Course No.   Course Title
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Semester/Session: Year:
Course No.   Course Title
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(Semester/ Session continued on reverse side of page)

Other requirements for graduation (please check):

Master's Project _____   Research Paper _____ Oral Presentation: Yes _____ No _____
Seminar Paper _____ Internship _____ Thesis_____
Proposal Defense _____ Comprehensive Examination _____ Dissertation _____

Comments:
_____
_____
_____
_____

Note: Courses might not be offered in the order listed. This form is intended to serve as a guide to the schedule of courses that the student should take during his/ her residency in the program.

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NAME_____   Student ID Number_____

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Semester/Session: Year:
Course No.   Course Title

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Semester/ Session: Year:
Course No.   Course Title

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Semester/ Session: Year:
Course No.   Course Title

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