



UNIVERSITY OF MARYLAND, COLLEGE PARK  
The Office of the Registrar



**CERTIFICATION OF DOCTOR OF AUDIOLOGY DEGREE**

Date: \_\_\_\_\_

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Student ID Number

\_\_\_\_\_  
Print Full Name (Last, First, Middle)

<b>C</b>	<b>A</b>	<b>U</b>	<b>D</b>
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Graduate Program

\_\_\_\_\_  
Address

\_\_\_\_\_  
Degree Sought:

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Area Code) Telephone

The student named above is a candidate for the Doctor of Audiology (Au.D.) degree, and who seeks the degree at the \_\_\_\_\_ (semester/year) Commencement. This candidate has met all the requirements of the graduate program including (if applicable):

Capstone Research Project	Date Completed

**Comprehensive Examinations passed:**      Yes       No       Date Passed \_\_\_\_\_

**Provisions have been met.**      Yes       No

\_\_\_\_\_  
Advisor (Print Name then Sign)      Date

\_\_\_\_\_  
Telephone extension and Email Address

\_\_\_\_\_  
Director of Graduate Program (Print Name then Sign)      Date

\_\_\_\_\_  
Telephone extension and Email Address

Please return this form to:

The Office of the Registrar  
1113 Mitchell Building • University of Maryland  
College Park, Maryland 20742-5121  
301.314.9568 FAX