UNIVERSITY OF MARYLAND 1856
INSTITUTE OF
APPLIED AGRICULTURE
Jull Hall, Room 2123
4196 Stadium Drive
College Park, MD 20742-2525

# Graduation Application

***Applications due by 5th day of classes***

Term: ❑ Spring 20____ ❑ Fall 20____

Student ID Number: [ | | | | | | | | ]

Last Name [ ]    First Name [ ]    MI [ ]

**Personal** Email Address (not Terpmail) [ ]

Please provide your permanent mailing address. If you do not have a permanent mailing address, please provide information for someone who is likely to know your whereabouts and could forward your mail.

Street Address:______________________________________________________________________________

City_____________________________ State________ Zip_________________ Phone (_____)_________________

Indicate Major:

- ❑ Agricultural Business Management
- ❑ Sustainable Agriculture
- ❑ General Ornamental Horticulture
- ❑ Golf Course Construction Management
- ❑ Golf Course Management
- ❑ Landscape Management
- ❑ Sports Turf Management
- ❑ Turfgrass Management

With the understanding that at the completion of this term, I must have (a) a minimum of 60 earned credit hours and (b) at least a 2.00 cumulative grade point average; I hereby file this application for graduation.

______________________________________________________________________________

Signature    Date    Name printed as it is to appear on certificate

**To be completed by Major Advisor and returned to IAA Office before the 10th day of classes**

Please check the records of the above named student and verify with your signature that the student will have satisfied all course requirements for the curriculum option indicated, will have a minimum of 60 earned credit hours and at least a 2.00 cumulative grade point average, pending satisfactory completion of the courses in which the student is currently enrolled.

**- Preliminary Check -**

| | | |
|---|---|---|
| All curriculum requirements met | ❑ yes | ❑ no |
| 60 credit hours | ❑ yes | ❑ no |
| 2.00 minimum GPA | ❑ yes | ❑ no |

Note potential problems: ______________________________________________________________________

______________________________________________________________________________________________

____________________________________________________________

Advisor Signature    Date

**Final Clearance Check (The following will be completed by the IAA Office prior to approving graduation.)**

Check if Cleared

Graduation Requirements
Req. courses_______ Internship_______ Credits_______ GPA_______    _______

Notes:_________________________________________________________

Obligations to Institute instructors    _______

Notes:_________________________________________________________

Date cleared for graduation:_______ Signature:____________________________

**Office Use Only**

Date:

Initials: