



# HOFSTRA UNIVERSITY®

## OFFICE OF ACADEMIC RECORDS

207 Memorial Hall  
126 Hofstra University  
Hempstead, New York 11549-1260

# CERTIFICATION OF FULL-TIME GRADUATE STATUS

To: **Office of Academic Records**  
**207 Memorial Hall**

From: Name: \_\_\_\_\_  
Last First MI

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

Address: \_\_\_\_\_

Student ID: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Semester-Year: \_\_\_\_\_

Notes: - The student must submit this certification with his/her registration card.  
- As of fall 2003, 9 credits is considered full-time and 4.5 credits is considered half-time.

The undersigned hereby certify that the above-named student is currently enrolled as a full-time graduate student for the reasons indicated.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Independent or individualized study        | 5. <input type="checkbox"/> Internship**   |
| 2. <input type="checkbox"/> Thesis research                            | 6. <input type="checkbox"/> Other  |
| 3. <input type="checkbox"/> Full-time graduate assistantship*          | 7. <input type="checkbox"/> I am enrolled for _____ credits for the semester listed above. |
| 4. <input type="checkbox"/> Comprehensive/qualifying examination study |  |

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF GRADUATE COORDINATOR      DATE

\_\_\_\_\_  
SIGNATURE OF THESIS ADVISER (if applicable)      DATE

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD      DATE

\_\_\_\_\_  
SIGNATURE OF UNIT DEAN      DATE

\* Counted as 6 credits toward full-time status.

\*\* Must be explained under comments. Activity must meet the hour-for-hour student effort criterion, and be required or approved by the University as an integral part of the student's program.

Upon completion, please **return this form to the Welcome Desk in 206 Memorial Hall.**