To: Office of Academic Records  
Memorial Hall, Room 207

From: Name: ___________________________ Date: ___________________________

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Address: ___________________________________________  
Student ID: ___________________________

Semester-Year: ___________________________

Note: - 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.  [ ] Independent or individualized study  
2.  [ ] Thesis research  
3.  [ ]* Full-time graduate assistantship  
4.  [ ] Comprehensive/qualifying examination study  
5.  [ ]** Internship  
6.  [ ] Other  
7.  [ ] I am enrolled for ____________ credits for the semester listed above.

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 towards 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.

This form must be submitted to the Office of Academic Records, room 207 Memorial Hall, for processing.