



HOFSTRA UNIVERSITY

Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

CERTIFICATION OF FULL-TIME GRADUATE STATUS

To: Office of Academic Records and Registrar

From: Name: _____
Last First MI

Date: _____

Address: _____

Student ID: 70 – _____

Semester/Year: _____

- Notes:
- The student must submit this certification with his/her registration card.
 - As of fall 2003, enrollment in nine (9) semester hours is considered full-time and 4.5 semester hours is considered half-time.

The undersigned hereby certify that the above-named student is currently enrolled as a full-time graduate student for the reason(s) indicated below.

- | | |
|--|--|
| 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 CHAIR DATE

SIGNATURE OF UNIT DEAN DATE

* A graduate assistantship counts as six (6) semester hours toward full-time status.
 ** The internship must be explained under the comments section, and 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, South Campus.**