



# 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.