CERTIFICATION OF FULL-TIME GRADUATE STATUS

To: Office of Academic Records and Registrar

From: Name: ___________________________ Date: ___________________________

Last       First        MI

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. ☐ 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 THESS 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.