STUDENT STATUS OF ENROLLMENT IN ZERO UNITS VERIFICATION REQUEST

Purpose:	Purpose: Verification of enrollment for graduate students enrolled in zero units. A gradu (master's degree) student completing a thesis (299) or a project (298) may requiverification of "zero-unit" enrollment to qualify for loan deferments, employing credential, etc. A student studying for, or sitting for, a comprehensive examinat also use this form. When completed, this form will permit the California State University, Fresno Registrar to comply with such requests (see bottom, page 2)							
Instructions: Complete all items listed below. Take this form to your 298/299 Chair or comprehensive examination adviser for his/her signature (top, page 2). Return to the Division of Graduate Studies, Harold Haak Administrative Center (4 th flot the Henry Madden Library). Bring copies of any additional relevant paperwork as a loan agency form. Do not forget to complete your portion of the form. Re for status verification are processed once the term indicated is under way. A not fee is required. Completion of a separate status verification form is required ea semester for which status verification is desired. If you have any questions abo form, please contact Dr. Sharon Brown-Welty, Dean, at (559) 278-2448.								
Name		First	Middl	e				
Address				-				
Stree	t	City	State	Zip				
Telephone ()	Student ID#						
Graduate Deg	ree Program							
		on of 298C, 299C, or		zero-unit)				
Culminating E	xperience assigned	to you (check one be	elow)					
Project (298)	Thesis (299) 🗆	Comprehensiv	e Examination 🗆					
Initial registra	tion for 298/299 T	erm/Year	Total U	nits				
Date of Comp	ehensive Examinat	ion, if scheduled						
Reason for you	ır request							

STUDENT'S SIGNATURE _____ DATE_____

VERIFICATION OF ZERO UNIT ENROLLMENT

Note for Thesis/Project Adviser: The student named on this form needs verification of involvement in completing a thesis/project under your direction for the semester indicated on page 1.

Note for Comprehensive Examination Adviser: The student named on this form needs verification of involvement in studying for, or sitting for, a comprehensive examination under your direction, for the semester indicated on page 1.

I certify that the student named on page 1 of this form is accomplishing the following time equivalent for the semester(s) indicated on page 1.

🗅 Full-Tim	e 🛛 Tł	ree-Quarter Time	Half-Time	One-Quarter Time	None	
Comments:	<u></u>					
Faculty Sig	nature			Date		
			TE STUDIES USE (aak Administrative C			
DEAN:						
YES 🗆	NO 🗖	The student is enrolled in 298C or 299C (zero units) for the semester(s) indicated on page 1 of this form.				
YES 🗖	NO 🗖		t is enrolled in GS Continuation (zero units) for the semester(s) n page 1 of this form.			
YES 🗆	NO 🗖	The student is i	s in good standing.			
YES 🗆	NO 🗖	I concur with the	the adviser's assessment.			
Signature_				Date		

REGISTRAR'S USE ONLY

(Joyal Administration Building, Room 106)

TO WHOM IT MAY CONCERN:

The statements recorded above were made with my permission and I concur with them.

Signature_____ Date

DGS/11-11 mv

Division of Graduate Studies Special Services Fee

Please follow the instructions below to obtain the service you require:

1) Complete the Service Requested portion of this form. 2) Take your completed form to the Cashier's Window in the south lobby of the Joyal Administration Building. 3) Make payment. The Cashier will receipt the form and return it to you with a register receipt. 4) Return the register receipt to the Graduate Office to obtain the service requested. This receipted form will serve as your own proof of payment.

SERVIC	CE REQUI	ESTED					
					Cost Per Copy	# of Copies Needed	Total Cost
٥	(Thesis/Proj	ent verification Project "zero" unit/continuation or cases are verified by the Registra			\$5.00		\$
٥	Certification of student's completion of requirements for the master's degree to be granted, a certificate of advanced study, or a second option.				\$5.00		\$
٥	Certification of student's completion of requirements for the doctoral degree to be granted.				\$5.00		\$
٦	Duplication of foreign documents (per page)				\$5.00		\$
٦	Duplication of lost documents or for a second copy of any document previously provided.				\$5.00		\$
٦	Change of Graduate Degree or Credential Objective				\$5.00	N/A	\$
						Total Fee	\$
Student Name:							
SS/ID #: _	Date:						
Address: _		Street					
					State	Zip	
Phone: Email :							
CASHIER'S USE ONLY Item Code # 1280							
Special Se		<u>Account #</u> 501906	<u>Fu</u> 494			r <u>g. ID</u> 6320	Program 0000