

Boston University School of Medicine
Division of Graduate Medical Sciences



Medical Campus
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CERTIFIED FULL-TIME FORM

A student enrolled for less than twelve credits or registered for continuing study, may be certified as a full-time student by filing this form, signed by the advisor or director of graduate study. For full-time status, the student must be fully engaged at Boston University in a program composed of one or more of the general elements listed below, in ways recognized by the University as related to progress towards competence in the field of the intended degree. Indicate specifically the type and amount of independent work you are doing, in support of your claim to full-time status. Failure to file this form with the registration material results in part-time registration status.

THIS FORM MUST BE SUBMITTED WITH YOUR COMPLETED REGISTRATION MATERIAL:

CALENDAR YEAR 20 SEMESTER (CHECK ONE) FALL SPRING SUM I SUM II

NAME DEPARTMENT

BU ID# YEAR OF GRADUATE STUDY

REGISTRATION: COURSES CREDITS CONT. STUDY:

INDEPENDENT WORK PERTINENT TO THE COMPLETION OF DEGREE REQUIREMENTS:

(BE SPECIFIC):

DIVISION OF GRADUATE MEDICAL SCIENCES: (CHECK IF APPLICABLE):

TEACHING FELLOWSHIP:

RESEARCH ASSISTANT/FELLOWSHIP:

RESEARCH ADVISOR:

I agree that submission of this form also serves as my registration for GMS MS 985 or GMS MS 986, (i.e. continuing student no courses)

REQUIRED SIGNATURES:

STUDENT: _____ DATE: _____

MAJOR ADVISOR: _____ DATE: _____

DEPT/CHAIRMAN: _____ DATE: _____

*A student living at a distance may register by mail for Continuing Study, certified full-time, provided the registration form, and the full-time certification form are completely filled out and signed.