



Certification of Full-Time or Half-Time Status Graduate Students in Lieu of Semester Hours Requirements

Office of the Registrar

PLEASE NOTE: This form must be signed by the DEAN of the student's school, the CHAIR of the student's department, or the DIRECTOR of the student's program.

Student Name _____ Student I.D. # _____

Department _____ Degree Program _____

VISA TYPE: F-1 J-1

SEMESTER: FALL SPRING SUMMER YEAR: _____

STATEMENT BY STUDENT: (CHECK ALL APPLICABLE)

I am registered for _____ graduate credit hours this semester.

AND I am doing the following:

Preparing for comprehensive examinations to be taken _____, _____ hours per week this semester.

Research/independent study _____ hours per week this semester beyond those required for courses in which I am formally registered.

Tools of research _____ hours per week this semester beyond those required for courses in which I am formally registered.

Thesis preparation _____ this semester beyond those required for courses in which I am formally registered.

Dissertation preparation _____ hours per week this semester beyond those required for courses in which I am formally registered.

STATUS CLAIMED (CHECK ONE) Full-time Half-time

Student's Signature

Date

STATEMENT BY DEAN, DEPARTMENT CHAIR, OR DIRECTOR:

The above information is correct and I certify that this student is considered to be doing work beyond regular class work as represented.

Yes No

This student is considered to be making satisfactory progress toward completion of a graduate degree program.

Yes No

Signature of Dean, Department Chair, or Director

Date
