



Medical Campus  
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Boston, Massachusetts 02118-2526  
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### CERTIFIED FULL-TIME FORM

A student registered for less than twelve (12) credits who is otherwise engaged in full-time study or research related to the completion of degree requirements, or who is gaining competence in the field of study, may be certified as a full-time student.

To be eligible for full-time status, you must meet with your advisor and complete this Certified Full-Time Form.

Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

Program/Department: \_\_\_\_\_ Year of Matriculation: \_\_\_\_\_

Calendar Year 20 \_\_\_\_\_

Semester: Fall  Spring  Summer I  Summer II

I am registered for less than twelve (12) credits for the indicated semester. I will be taking \_\_\_\_\_ courses for a total of \_\_\_\_\_ credits.

I am not registered for any course and agree that submission of this form registers me for Continuing Study (GMS MS 985 or GMS MS 986).

Please list the independent work you will complete during the semester indicated above to support your request for full-time status. Please note, this form must contain specific details of your objectives or it may be denied:

**STUDENT SIGNATURE:**

My signature attests to my understanding of this form and the work I must complete to be recognized as a full-time student. I understand that failure to complete the full-time work may result in denial of future full-time status requests.

\_\_\_\_\_  
Student signature Date

**ADVISOR SIGNATURE:**

I approve the proposal for full-time work. Please do NOT sign this form unless detailed student objectives are clearly explained.

\_\_\_\_\_  
Advisor Name (print) Advisor Signature Date