## Full-Time Working Toward Degree Status Certification

In order to qualify for full-time working toward degree status, must have ABD statusOR be within one academic year of ABD status. **Domestic master's students** must be officially course complete OR within one academic semester of de **International doctoral students** must be officially course complete AND registered in thesis, final project dissertation.

International master's students must be officially course complete AND registered in thesis or final proj

In order to receive full-time working toward degree status for the semester, this certification form must be a first day of classes for the semester.

| First Name:                                    |                 | Last N | Last Name:               |        |      |  |
|--|-----------------|--------|--------------------------|--------|------|--|
| B-Number:                                      |                 | E-mail | E-mail Address:          |        |      |  |
| Graduate Degree Type:                          |                 |        | Graduate Degree Program: |        |      |  |
| Graduate Degree Status:                        | Course Complete |        | ABD                      | Other  |      |  |
| Semester for which certification is requested: |                 | Fall   | Spring                   | Summer | Year |  |

## STUDENT

I certify that I meet the qualifying criteria listed above. I am registered for the current semester and will be working at least the number of hours per week required below to complete research.

| Student: | Date: |
|----------|-------|
|          |       |

## ACADEMIC DEPARTMENT

Please indicate below the number of semester credit hours for which the student is registered and, given the number of semester credit hours for which the student is registered, the number of weekly hours (in addition to class hours) for which the student is required to work to complete research to be considered full-time.

Number of semester credit hours for which the student is registered: \_\_\_\_\_

Number of weekly hours for which the student is required to work to complete research: \_\_\_\_\_

I certify that the student meets the qualifying criteria listed above and therefore should be considered for full-time working toward degree status. The student is registered for the current semester and will be working at least the number of hours per week required above to complete research.

Faculty Advisor: \_\_\_\_

L

approve

\_\_\_\_\_ Date: \_\_\_\_\_

do not approve the student for full-