

CERTIFICATION OF FULL-TIME STUDENT STATUS FOR GRADUATE STUDENTS

Who should file: Graduate students who need to have full-time status and who are registered for a minimum of 1 credit hour but fewer than 12 credit hours (or fewer than 9 credit hours with an assistantship).

STUDENT INFORMATION:

Last Name _____ First Name _____

UB Person Number _____ -- _____ E-mail _____

Matriculating Dept. _____ Master's _____ Doctorate _____

Semester(s) for which certification is requested: Fall _____ (yr.) Spring _____ (yr.) Summer _____ (yr.)

Purpose for which certification is requested (check one or more): Loan Deferral Loan Application

Immigration Status Tuition Scholarship Other (specify): _____

NOTE: Doctoral students: If approved, you will be certified full-time until the anticipated degree conferral date (as indicated on the attached Application to Candidacy). However, if you will not graduate by the anticipated conferral date on your ATC, then you must file a new Full-time Status form to receive continued certification.

Masters students: your full-time status can only be approved for a **maximum of 2 semesters** – if more is required, you must submit with this form a written request and a progress update from your Major Advisor.

ACADEMIC DEPARTMENT:

I certify that the above student meets the following criteria and therefore should be considered a full-time student (check appropriate statement):

- 1) has completed all coursework and other departmental requirements **AND**
- 2) has received approval of an Application to Candidacy at the departmental level (attach copy of ATC) **AND**
- 3) has registered for a minimum of 1 credit hour in the current semester **AND**
- 4) will be working _____ hours a week on a doctoral dissertation, masters thesis or project, or comprehensive exam preparation, **as indicated below:**

Semester credit hours registered	12	11	10	9	8	7	6	5	4	3	2	1
Number of weekly hours (in addition to class hours) required for full-time status	0	3	6	9	12	15	18	21	24	27	30	33

Note: Student must be registered for at least the amount of hours specified above to be certified.

Other (as specified by academic department on attached sheet)

REQUIRED SIGNATURES:

Major Advisor: _____ Date: _____

Dept. Chair/Director of Graduate Studies: _____ Date: _____

The Graduate School: _____ Date: _____

FINAL ACTION TAKEN: Approved Denied

COMMENTS: _____