

Certification of Full-Time Student Status for Master's Students With Academic Advisement Reports (AARs)

Who should file: Master's students who need to be considered full-time and who are registered for a minimum of one credit hour, but fewer than 12 credit hours (or fewer than nine credit hours with a TA, GA or RA position) and whose department verifies they are working full-time on the master's capstone requirement, completing final courses, or working full time on an internship related to their program.

When to file: Prior to the first week of classes for the semester in which the student is to be certified.

Last Name _____ First Name _____

UB Person Number _____ Email _____

Academic Dept. _____ Degree Program _____

Reason why full-time status is needed (check all that apply): Loan Deferral ___ Loan Application ___

Immigration Status ___ Tuition Scholarship ___ Other: _____

Semester(s) for which full-time status is needed: Fall ___ Spring ___ Summer ___ Year _____
(Full-time status can be approved for a maximum of two semesters and only if you meet the eligibility requirements below.)

Expected degree conferral date (month and year): _____

Major Advisor Verification (select one):

___ With my signature below, I verify that the above-named student has completed or is currently completing all course requirements for the master's degree, except for the final capstone and will be working full-time on final courses and/or the following master's capstone: Exam ___ Portfolio ___ Project ___ Thesis ___

___ With my signature below, I verify that the above-named student is working full time on an internship related to their program (department must attach a letter).

Major Advisor: Check the appropriate boxes below. Note A and B must correspond to qualify for full-time status.

A. The number of credit hours for which the student will be registered.

B. The number of hours per week the student will be working outside the classroom on a master's thesis, project, portfolio or comprehensive exam preparation.

A	11 ___	10 ___	9 ___	8 ___	7 ___	6 ___	5 ___	4 ___	3 ___	2 ___	1 ___
B	3 ___	6 ___	9 ___	12 ___	15 ___	18 ___	21 ___	24 ___	27 ___	30 ___	33 ___

Required Approvals

Student _____
Name Signature Date

Major Advisor _____
Name Signature Date

Submit completed form to the Graduate School at grad@buffalo.edu or 409 Capen Hall.

For Graduate School Use Only

Reviewer: _____ Approved _____ Denied _____

Comments: _____ Revised 7/23/18