

## Certification of Full-Time Student Status for Master's Students

**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. To apply for additional semesters, a written request and progress update from your major advisor must be submitted.)

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 \_\_\_

\*If exam, please indicate exam semester and year: \_\_\_\_\_

\_\_\_ 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.

<b>A</b>	11 ___	10 ___	9 ___	8 ___	7 ___	6 ___	5 ___	4 ___	3 ___	2 ___	1 ___
<b>B</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 9/24/18