University at Buffalo
Office of Student Services
The Graduate School

Certification of Full-Time Student Status

Who should file: Students who need to be considered full-time AND who are registered for a minimum of 1 credit hour but fewer than 12 credit hours (or fewer than 9 credit hours with a TA, GA, or RA position) AND whose department verifies they are working full-time on doctoral dissertation research or writing, a final master's project, thesis or comprehensive exam, completing final courses, or an internship related to the student's degree 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 _____ -- _____ E-mail _____

Matriculating Dept. _____ Master's _____ Ph.D. _____ Au.D. or DNP_____

Purpose for which full-time status is needed: *(check all that apply)* ☐ Loan deferral ☐ Loan Application

☐ Immigration Status ☐ Tuition Scholarship ☐ Other *(specify)*:_____

SEMESTER(s) for which full-time status is needed: Fall_____(yr.) Spring _____(yr.) Summer _____(yr)

With this form, submit your original Application to Candidacy, or a photocopy, if original was previously submitted.
Doctoral Students will be certified full-time until the anticipated degree conferral date on the Application to Candidacy (up to a maximum of 7 years from your admission date).
Master's students can be certified for a maximum of 2 semesters. To apply for an additional semester at the master's level, a written request and progress update from your major advisor must be submitted.

Major Advisor: Circle below the number of credit hours for which the student will be registered AND the number of hours per week the student will be working on a doctoral dissertation, master's thesis, project, or comprehensive exam preparation.

Credit hours registered	11	10	9	8	7	6	5	4	3	2	1
In addition to hours in class, indicate the number of weekly hours required for full-time status.	3	6	9	12	15	18	21	24	27	30	33

Required Approvals:

Student _____ Date _____

Major Advisor _____ Date _____
Print Name *Signature*

Director of Grad. Studies /Dept. Chair _____ Date _____

The Graduate School_____ Date _____

FINAL ACTION TAKEN: ☐ Approved ☐ Denied

Comments: _____

408 Capen Hall, Buffalo, NY 14260-1608
Tel: (716) 645-2939 Fax: (716) 645-6142