



**CERTIFICATE OF FULL-TIME PARTICIPATION IN GRADUATE PROGRAM
(Full-Time Certification Form)**

A student enrolled for less than twelve credits may be certified as a full-time student by filing this form, signed by the advisor and the department chairman or director of graduate studies. For full-time status, the student must be fully engaged at Boston University in a program composed of one or more of the general elements listed below, in ways recognized by the University as related to progress toward competence in the field of the intended degree. Indicate specifically the type and amount of independent work you are doing, in support of your claim to full-time status. Failure to file this form with the registration material results in part-time registration status.

THIS FORM MUST BE SUBMITTED WITH YOUR COMPLETED REGISTRATION MATERIAL.

Do not use this form if you are registering for Continuing Study.

Use Continuing Student Status Registration Form.

CALENDAR YEAR: 20 __ __ SEMESTER (circle one): FALL SPRING SUMMER 1 SUMMER 2

NAME _____ E-MAIL _____
Last, First

BU ID _____ DEPARTMENT _____

COURSE REGISTRATION: No. of Courses, No. of Credits

INDEPENDENT WORK PERTINENT TO THE COMPLETION OF DEGREE REQUIREMENTS:
(Please be specific.)

GRADUATE SCHOOL APPOINTMENT (check below if applicable):

- Teaching Fellowship Faculty
- Research Assistantship/Fellowship Research Supervisor _____

REQUIRED SIGNATURES:

Student _____ Date _____

Major Advisor _____ Date _____

Department Chairman _____ Date _____
or Director of Graduate Studies

GRS Office use only. Do not write below.

Course number: _____ Staff Initials and processing date: _____