## THE GRADUATE SCHOOL

**NGHAMTON** UNIVERSITY STATE UNIVERSITY OF NEW YORK

The Graduate School PO Box 6000 Binghamton, NY 13902-6000 Phone: 607-777-2151 Fax: 607-777-2501

gradsch@binghamton.edu

First Name:

D. Mirroschaus

Full-Time Working Toward Degree Status Certification

In order to qualify for full-time working toward degree status, the student must have completed 24 or more graduate credits in residency and thus be classified as a G2, G3 or G4 student.

- Domestic doctoral students must have ABD status OR be within one academic year of ABD status.
- Domestic master's students must be officially course complete OR within one academic semester of degree completion.
- International doctoral students must be officially course complete AND registered in thesis, final project, pre-dissertation, or dissertation.
- International master's students must be officially course complete AND registered in thesis or final project.

In order to receive full-time working toward degree status for the semester, this certification form must be approved before the first day of classes for the semester.

Last Name:

B-Number:			E-mail Address:						
Graduate Degree Type:				Graduate Degree Program:					
Gradua	ate Degree Stat	tus:	Course Complete	ABI	D Other				
Semes	ter for which c	ertific	ation is requested:	Fall	Spring	Summer	Year		
Purpos	se for which ce	ertifica	tion is requested:	Loan	Deferral	Loan Application	ı	mmigration Status	
STUDE	NT								
I certify that I meet the qualifying criteria listed above. I am registered for the current semester and will be working at least the number of hours per week required below to complete research.									
Student:							Date:		
ACADEMIC DEPARTMENT									
Please indicate below the number of semester credit hours for which the student is registered and, given this number of semester credit hours, the number of weekly hours (in addition to class hours) for which the student is required to work to complete research to be considered full-time.									
Number of semester credit hours for which the student is registered:									
Number of weekly hours for which the student is required to work to complete research:									
I certify that the student meets the qualifying criteria listed above and I recommend that the student be considered for full-time working toward degree status. The student is registered for the current semester and will be working at least the number of hours per week required above to complete research.									
Primary Supervisor/Advisor:								Date:	
I	approve	do no	t approve the stude	nt for f	ull-time worki	ng toward degree	status.		
Department Chair/Director of Graduate Studies:								Date:	
COMMENTS:									