

Dept. of Electrical and Computer Engineering

Full-Time Certification registration- read the information on the other side then:

If you are a Master's student, please fill the top of this form and the other side.

If you are a PhD student, please fill the lower part of this form and the other side.

Please have your advisor sign both sides of this form. The Graduate Director's signature is needed on the other side after your advisor's signatures have been entered. Then submit your completed form to the ECE Graduate Secretary.

MS Full Time Certification Form

Student Name: _____ B #: _____

• Course Number and CRN See the other side of this form for eligibility	Credits
EECE597 Independent Study (for use with CPT) (Enter 1 credit) Only for <u>Non-Funded</u> students) CRN: _____	
Check Only One (leave blank if registration is for ECE597-above): <input type="checkbox"/> EECE598 Project (Enter 1-3 cr) CRN: _____ <input type="checkbox"/> EECE599 Thesis (Enter 1-6 cr) CRN: _____	
Check Only One (Enter credits to total sum of 9): <input type="checkbox"/> GRD700 if <u>Not</u> Funded CRN: _____ <input type="checkbox"/> GRD701 if <u>Funded</u> (circle one - TA RA GA) CRN: _____	
Total (must equal 9 credits)	9

PhD Full Time Certification Form

Student Name: _____ B #: _____

• Course Number and CRN See the other side of this form for eligibility	Credits
Check Only One: <input type="checkbox"/> EECE698 Pre-Dissertation CRN: _____ <input type="checkbox"/> EECE699 Dissertation CRN: _____	1
Check Only One: <input type="checkbox"/> GRD700 if <u>Not</u> Funded CRN: _____ <input type="checkbox"/> GRD701 if <u>Funded</u> (circle one - TA RA GA) CRN: _____	8
Total (must equal 9 credits)	9

Student Signature: _____ Date: _____

Advisor Name: _____ Signature: _____ Date: _____

THE GRADUATE SCHOOL
Full-Time Working Toward Degree Status Certification

BINGHAMTON
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

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.

First Name: Last Name:

B-Number: E-mail Address:

Graduate Degree Type: Graduate Degree Program:

Graduate Degree Status: Course Complete ABD Other

Semester for which certification is requested: Fall Spring Summer Year

Purpose for which certification is requested: Loan Deferral Loan Application Immigration Status

STUDENT

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 not approve the student for full-time working toward degree status.

Department Chair/Director of Graduate Studies: Date:

COMMENTS: