

## REQUEST TO BE CONSIDERED A FULL TIME STUDENT

### PhD/EdD/EdS

LastName:	<input type="text"/>	FirstName:	<input type="text"/>	ID#:	<input type="text"/>
Address	<input type="text"/>			Degree:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>			Major Area:	<input type="text"/>
Phone:	<input type="text"/>			Adviser:	<input type="text"/>
	<input type="text"/>			Dissertation Chair:	<input type="text"/>

### Doctoral Student

I hereby confirm that I am working full time on my doctoral:  
(check the appropriate box)

- ☐ Internship  
☐ Dissertation  
☐ Dissertation Continuation  
☐ Doctoral Comprehensive Examination

which I understand is at least 24 hours a week or 720 hours per year for the following semester /semesters :

☐ Fall Year:  ☐ Spring Year:  ☐ Summer Year:

I have already registered  semester: (Fall, Spring or Summer)

I will register  semester: (Fall, Spring or Summer)

for  semester credits

( Circle the appropriate category) Dissertation / Dissertation Continuation / Internship-credits / Doctoral Comprehensive Examination, and I am requesting full time status in order to

- ☐ achieve eligibility for financial aid ☐ maintain my International Student Visa Status

Student Initials:

Date:

### Dissertation Chair / Internship Coordinator

To the best of my knowledge I confirm that the above student is working full time on his/her doctoral program (at least 24 hours a week or 720 hours a year)

Approved: \_\_\_\_\_

Dissertation Chair Signature

APPROVED

\_\_\_\_\_  
Dean, School of Education

\_\_\_\_\_  
Date