Graduate Student Certification of Full or Half Time Status

Graduate students will complete this form only if they require full or half time status certification, and do not automatically qualify. All graduate students automatically qualify as full time when completing nine credit hours of course work, and are automatically considered half time when completing 4.5 to 8.5 hours of coursework. Students falling into these categories do not need to take any further action or utilize this form.

The following students should complete this form:

• Graduate students with a graduate assistantship who are registered for at least 6 hours, who require full time certification.
• Graduate students with a graduate assistantship who are registered for at 3 to 5.5 hours, who require half time certification.
• Graduate students completing a culminating activity (example: thesis or independent study) who are working full time on the activity, who require full time certification.

Student Name: ____________________________ Cortland ID Number: ____________________________
Permanent Address: ____________________________ Telephone Number: ____________________________
City: __________ State: __________ Zip: __________ E-mail: ____________________________

<table>
<thead>
<tr>
<th>Degree in Progress:</th>
<th>Program: ____________________________</th>
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<tbody>
<tr>
<td>MA</td>
<td>QAS</td>
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<tr>
<td>MAT</td>
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<td>CAS</td>
<td>QAS</td>
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Have you applied to graduate? □ Yes □ No

1. Semester applying for: □ Full Time □ Half Time Fall 20 ______ Spring 20 ______

2. The undersigned certifies that the student is currently eligible to be a certified full-time graduate student for the reason(s) indicated below:

□ Independent or Individual study □ Thesis Research or Thesis Completion
□ Assistantship □ Comprehensive or Qualifying Examination
□ Portfolio Research or Portfolio Completion □ Internship
□ Fieldwork □ Other: ____________________________

3. The student is enrolled in ________ credits for the semester listed above.

4. Expected Graduation Semester: Fall 20 ______ Spring 20 ______

5. Student Signature: ____________________________ Date: __________

6. Graduate Coordinator: ____________________________ Date: __________

7. Student Thesis/Project Advisor: ____________________________ Date: __________
   (If applicable)

8. Comments (If Required):

Registrar’s Office Use Only: □ NSC Spreadsheet □ Received By: __________ Date: __________