



**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.**

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

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
Last, First

YEAR OF \_\_\_\_\_  
I.D./SOCIAL SECURITY NUMBER \_\_\_\_\_ GRADUATE STUDY \_\_\_\_\_

\*\*\*\*\*

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 \_\_\_\_\_

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**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: \_\_\_\_\_