



**CERTIFICATION OF FULL-TIME STATUS**  
**FOR M.S. STUDENTS IN GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES**

Filled in by student

Student name: \_\_\_\_\_

ID No.: \_\_\_\_\_

Program: \_\_\_\_\_

Semester:     Fall             Spring        201\_\_

Filled in by program director

Number of credits completed: \_\_\_\_\_

Number of credits registered for this semester: \_\_\_\_\_

Completion of **all** requirements expected by conclusion of \_\_\_\_\_ semester.  
(semester and year)

Reason for granting full-time status:

Final semester. All requirements can be completed by conclusion of semester.

Full-time effort conducting M.S. thesis research.

Research advisor: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

N.B. A memo from the research advisor that briefly describes the student's thesis research project, the progress being made towards its completion, and the expected date of completion of the project must accompany this request.

Appropriate course offerings or availability are limited to 6 or 7 credits.

Specific limitations: \_\_\_\_\_

Alternative academic activity: \_\_\_\_\_

Program director name: \_\_\_\_\_

Program director signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean's approval: \_\_\_\_\_

Date: \_\_\_\_\_