Doctoral students enrolled in 6 credits of 998 or 999 are considered full time. After advancement to candidacy and completion of one semester of 999 (3 credits minimum), students may then be eligible for full time status beginning the following term with 1 credit of 999 if they have completed the minimum number of credits required by their degree program including the minimum number of credits of 998 and 999 required by the university and their program and the appropriate approval is documented using this form.

This policy does not apply to students employed full time.

Section I. (Completed by student)
Student Name: ___________________________ G Number: ___________ Semester: ________________

Full time attestation (select one that applies):

☐ Working at least 40 hours per week on dissertation
☐ 20 hour assistantship plus working at least 20 hours per week on dissertation

I understand that by signing this request I am certifying that I will work on my dissertation at least the number of hours committed. I further understand that the university honor code applies to this certification.

Student’s Signature: ___________________________ Date: ________________

Section II. (Completed by department)

Department Attestation
Advisor: By signing this request I agree that I will monitor this student’s weekly hours of work on their dissertation as committed above. If the student drops below committed hours, I will report this to the Department Chairperson and the University Registrar.

Advisor’s Signature: ___________________________ Date: ________________

Department Chairperson’s Signature: ________________ Date: ________________

Dean’s Signature: ___________________________ Date: ________________

Approval contingent on Registrar’s certification of eligibility below.

Return completed form by end of first week of classes to: Office of the Registrar - MS 3D1
North Chesapeake Module, Room 3
Tel: 703 993-2448 Fax: 703 993-2467

Section III. (Completed by Registrar’s office)
Doctoral Program: ___________________________ Term of Admission: ___________ Term of Advancement to Candidacy: ___________

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☐ Eligible for Certification ☐ Not Eligible (notify department and student)

Comments: ________________________________________________________________

Registrar’s Office Signature: _____________________________________________ Date: ________________

Registrar’s Office Use Only
ZREG: _____ Time Status: _____ SPACMNT: _____ Initials: __________________ Date: ________________