

**Doctoral Dissertation Research Full-Time Equivalent Status  
(Must be submitted every semester)**

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.  
(Due in Registrar's Office no later than the First Day of Classes)**

*Return completed form to: Office of the Registrar - MS 3D1  
Verify@gmu.edu  
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: \_\_\_\_\_

Course	Required Credits	Completed Credits	Currently Registered Credits
998			
999			

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

Comments: \_\_\_\_\_

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Registrar's Office Use Only</b>		
ZREG 090: _____	Initials: _____	Date: _____