



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W. Campbell Rd., SSB34, Richardson, Texas 75080-3021
(972) 883-4189 ISSOCurrent@utdallas.edu

UT Dallas Full-Time Status Due to Thesis/Dissertation

Student Name: _____ UTD ID: _____ Date of Birth: _____

A. Instructions

- Complete the Student Certification
- Request signatures of your academic advisor
- Enroll in thesis/dissertation course listed by the academic advisor
- Submit the signed form to the Registrar's Office **on or before** Census Day

B. Student Certification (handwritten signature required).

I verify that the information on this form is true to the best of my knowledge. I am aware that I may need to consult with other campus offices to ensure that reducing enrollment will not affect my status, such as: Residential Life (if residing on campus), academic department (if a TA/RA), or Financial Aid (scholarships).

Student Signature: _____ Date: _____

C. Academic Department Certification.

Expected semester of full-time thesis or dissertation research. Graduate students who have completed their formal coursework and are engaged in thesis or dissertation research may be enrolled for a number of credit hours less than routinely defined as full-time.

Current Academic Term and Year (Ex. Spring 2016)	_____
Degree Level	_____
Degree Program	_____
Thesis/Dissertation Course	_____
Academic Term and Year all Coursework was Completed (Ex. Spring 2016)	_____
Expected completion date of Thesis/Dissertation Requirements (MM/DD/YYYY)	_____

*I verify that the above student **has completed all academic coursework required for the degree listed**, and that the student is **enrolled in the above thesis/ dissertation course**. I verify that this **course is equivalent to an enrollment of 9 credit hours of graduate level work, and is required for the student to earn the above degree**. I endorse and recommend that the above student be given permission to register for less than full time is based on the above reason.*

Academic Department: _____

Academic Advisor (Please Print): _____

Academic Advisor Signature: _____ Date: _____