

<input type="checkbox"/>	Fall	Year _____
<input type="checkbox"/>	Spring	
<input type="checkbox"/>	Summer	

XEDU 980 CULMINATING EXPERIENCE ENROLLMENT REQUEST FORM

Name: _____ Student ID: _____
 Degree Program: _____ Graduation Date: _____
 Phone: _____ Email: _____

I understand that registration in XEDU 980 through Tseng College will meet university requirements for maintaining continuous enrollment without access to any student or instructional services other than library and minimal advisory. This is to certify that the above named student has fulfilled all degree requirements but is still working on a **THESIS, PROJECT, DISSERTATION, or ABSTRACT**. The enrollment request must be renewed each semester.

I understand that registration in XEDU 980 through Tseng College does not satisfy stateside enrollment requirements. XEDU 980 constitutes enrollment for graduation purposes only. I must either finish my **THESIS, PROJECT, DISSERTATION, or ABSTRACT** within the matriculated timeframe or reapply to the university.

Student Signature: _____ Date: _____

Are you an international student with F-1 or J-1 status? No Yes. If yes, a coordinator in the Office of Student Development and International Programs must sign in the space below after your graduate coordinator signs off.

ALL boxes must be marked by the department's Graduate Coordinator or Department Chair. This certifies all qualifications for enrollment have been met. **Incomplete forms will be returned to the student.**

- Yes No Applied for graduation, or filed date change to reflect current semester
- Yes No Student is **Classified**, with formal program if necessary
- Yes No Enrolled in all units required for the degree and continuing work on thesis, project, dissertation or abstract
- Yes No Past enrollment in 698/789
- Yes No Student is within 2 year time limit of initial enrollment in 698/789, or petition filed
- Yes No Coursework is completed with 7 year timeframe, or over-aged courses have been validated
- Yes No Student has outstanding incomplete/s (if yes, student is **NOT** eligible at this time)
- Yes No I recommend enrollment in Graduate Culminating Experience (XEDU 980)

Signed: _____ Date: _____
Graduate Coordinator/Department Chair

Signed: _____ Date: _____
Coordinator, International Programs

****The signature from your Graduate Coordinator/Department Chair will expire after 3 weeks. ****

This section to be completed by The Office of Graduate Studies (University Hall 275).

Last semester with stateside enrollment: _____

- Student is eligible for Culminating Experience enrollment.
- Student is **NOT** eligible for Culminating Experience enrollment.

Graduate Evaluator Signature: _____ Date: _____