

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

A/R 601 CULMINATING EXPERIENCE ENROLLMENT REQUEST FORM

Name: _____ Student ID: _____

Degree Program: _____ Graduation Date: _____

Phone: _____

I understand that registration in A/R 601 will meet university requirements for maintaining continuous enrollment. This may have limited access to any student or instructional services, other than the library. This is to certify that the above named student has fulfilled all degree requirements but is still working on a **THESIS, PROJECT, or DISSERTATION**. The enrollment request must be renewed each semester.

Are you an international student with F-1 or J-1 status? No Yes. If yes, a coordinator in the International & Exchange Student Center (IESC) must sign in acknowledgement of student registration in A/R 601.

Signed: _____ Date: _____

Sevis Coordinator, IESC

Please note the following related to A/R 601:

- **A/R 601 enrollment IS NOT eligible for Financial Aid.**
- **A/R 601 WILL NOT defer loan payments.**
- **A/R 601 is considered as less than half-time enrollment.**
- **A student CANNOT enroll in any other course other than A/R 601.**

Student Signature: _____ Date: _____

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**

Yes No Enrolled in all units required for the degree and continuing work on thesis, project, dissertation or abstract

Yes No Past enrollment in 698/798

Yes No Student is within 2 year time limit of initial enrollment in 698/798, or petition filed

Yes No Coursework is completed within 7 year timeframe, or over-aged courses have been validated

Yes No In good standing, i.e. **not on probation**

Yes No Student has outstanding incomplete/s (if yes, student is NOT eligible at this time)

Yes No I recommend enrollment in the Graduate Culminating Experience (A/R 601)

Signed: _____ Date: _____

Graduate Coordinator/Department Chair

****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 enrolled: _____

Graduate Evaluator Signature: _____ Date: _____