

Certification of Full-Time Student Status for Adv. Cert., AuD, DNP, DSW and EdD Students

Who should file: Students who need to be considered full-time and who are registered for a minimum of one credit hour, but fewer than 12 credit hours (or fewer than nine credit hours with a TA, GA or RA position) and whose department verifies they are working full-time on a practicum, preparation for a doctoral qualifying exam, EdD research, dissertation writing, or completing an AuD, DNP or DSW final project.

When to file: Prior to the first week of classes for the semester in which the student is to be certified.

Last Name _____ First Name _____

UB Person Number _____ Email _____

Academic Department _____ Degree: AdvCert AuD, DNP, DSW or EdD

Reason full-time status is needed (check all that apply):

Loan Deferral Loan Application

Immigration Status Scholarship/Assistantship Other: _____

Semester(s) for which full-time status is needed: Fall _____ Summer _____ Spring _____

Expected degree conferral data (month/year): _____

Major Advisor: Check the appropriate boxes below. Note: A and B must correspond to qualify for full-time status.

A. The number of credit hours for which the student will be registered.

B. The number of hours per week the student will be working outside of the classroom on a practicum, preparation for a doctoral qualifying exam, conducting EdD research, dissertation writing, or an AuD, DNP or DSW final project.

A	11	<input type="checkbox"/>	10	<input type="checkbox"/>	9	<input type="checkbox"/>	8	<input type="checkbox"/>	7	<input type="checkbox"/>	6	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
B	3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>	18	<input type="checkbox"/>	21	<input type="checkbox"/>	24	<input type="checkbox"/>	27	<input type="checkbox"/>	30	<input type="checkbox"/>	33	<input type="checkbox"/>

Required Approvals

Student _____ Print Name _____ Signature _____ Date _____

Major Advisor _____ Print Name _____ Signature _____ Date _____

Chair/Director of Grad. Studies _____ Print Name _____ Signature _____ Date _____

Submit completed form and attachments to the Graduate School at grad@buffalo.edu.

For Graduate School Use Only

Reviewer: _____ Approved _____ Denied _____

Comments: _____ Revised 12/2024