

# Certification of Full-Time Status for Matriculated Graduate Students

**PLEASE NOTE: The deadline to submit this certification is 5pm on the day of the add deadline for each Fall and Spring semester. Please refer to the Academic Calendar for exact dates. All full-time students are subject to the health insurance requirement.**

Syracuse University considers you a full-time student, and the Registrar can confirm your full-time status directly, if you meet one of the three criteria, below, for the semester in which verification of full-time status is requested. Your status is used for a variety of purposes, including the determination of federal loan eligibility and/or repayment.

1. You are registered for full-time study (9 credits in the fall, spring, or summer in a program approved by your advisor). **This form is not needed.**
2. You hold an appointment as a graduate assistant or university fellow and are registered for the semester (fall and spring only). **This form is not needed.**
3. You are registered for fewer than 9 credits but for at least 0 credits of thesis, dissertation, or degree in progress for the semester and are engaged, at a level equivalent to full-time study, in one or more of the following activities, as appropriate to and certified by your program:
  - studying for preliminary, qualifying, or comprehensive examinations
  - studying for a language or tool requirement
  - actively working on a thesis or dissertation
  - an internship

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## Department/program certification of full-time equivalent study for

Name (Last Name, First Name):

SUID:

Semester/Year:

### who is matriculated in the following program:

Doctoral                  Masters  
Other

The department/program certifies this student as full-time by virtue of engaging in the following activities appropriate to the program at a level equivalent to full-time study (check all that apply):

Study for preliminary, qualifying, or comprehensive exams                  Study for language or tool requirements  
Work on thesis or dissertation                  An internship

Department/Program:

Department/Program Chair/Director (print name):

Chair/Director Signature:

Date:

I verify the above information is accurate (Student Signature):

Date:

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Please send the completed form to the Office of the Registrar at [registrar@syr.edu](mailto:registrar@syr.edu).  
International students must also provide a copy to the Center for International Services, 310 Walnut Place or email a copy to [international@syr.edu](mailto:international@syr.edu).