



**Full-Time/Half-Time Equivalent Status - Doctoral Dissertation Research**  
(Must be submitted every semester)

Students require full-time/half-time status for a variety of reasons including health insurance, financial aid, loan deferment, VA benefits, and F1/J1 visa status. Doctoral students who have advanced to candidacy **and have completed the minimum number of credits required by the university and their degree program, including the minimum number of credits of 998 and 999, are considered in status (full-time/half-time) if they are registered for at least 1 credit of 999** and the appropriate approval is documented using this form.

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**Section I. (Completed by student)**

Student Name: \_\_\_\_\_ G Number: \_\_\_\_\_ Semester: \_\_\_\_\_

Full-Time/Half-Time attestation (select one that applies):

- 20 hour assistantship plus working at least 20 hours per week on dissertation (for full-time status)
- Working at least 40 hours per week on dissertation (for full-time status)
- Working at least 20 hours per week on dissertation (for half-time status)

**I understand that by signing this request I am certifying that I will work on my dissertation at least the number of hours committed. I further understand that the university honor code applies to this certification.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section II. (Completed by department)**

Doctoral Program: \_\_\_\_\_ Catalog Year: \_\_\_\_\_ Term of Advancement to Candidacy: \_\_\_\_\_

Course	Required Credits	Completed Credits
998		
999		

**As demonstrated above, student has advanced to candidacy, and has completed the minimum number of credits required by both the university and their degree program, including the *minimum number of credits of 998 and 999*, with a university minimum of 3 hours of 999.**

- Eligible for Certification
- Not Eligible (notify student)

Comments: \_\_\_\_\_

**By signing this request, I agree that I will monitor this student's weekly hours of work on their dissertation as committed above. If the student drops below committed hours, I will report this to the Department Chairperson and the University Registrar.**

Advisor/Prog Coord Signature: \_\_\_\_\_ email: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due in Registrar's Office no later than the *First Day of Classes*.**

Return this completed form to the Office of the University Registrar via email. [verify@gmu.edu](mailto:verify@gmu.edu)

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**Section III. (Processed by Registrar's Office)**

ZREG 045: \_\_\_\_\_ ZREG 090: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_