

Domestic master's students
International doctoral students

International master's students

First Name:

Last Name:

B-Number:

E-mail Address:

Graduate Degree Type:

Graduate Degree Program:

Graduate Degree Status:

Semester for which certification is requested:

STUDENT

Student:

Date: _____

ACADEMIC DEPARTMENT

Number of semester credit hours for which the student is registered: _____

Number of weekly hours for which the student is required to work to complete research: _____

Faculty Advisor:

Date: _____

approve

do not approve