UMass | Dartmouth

Office of University Registrar
Foster Administration Building, Room 116
285 Old Westport Road
Dartmouth, MA 02747
Phone: 508-999-8615

You must electronically submit this form at https://www.umassd.edu/ssc/ and select "Submit an Inquiry". You will log a case under the Registrar topic and submit this form as an attachment.

Graduate Student - Full-Time Enrollment Status Consideration Request Form

Graduate student full-time status is defined as 9 credits or more per semester. However, in some cases, a student may be considered full-time while being enrolled in less than 9 credits. This typically occurs near the end of a program of study when a student is working on a project, thesis, or dissertation, and has completed all coursework required to meet the credit requirements and complete the degree.

This form is primarily used to determine financial aid eligibility for students who are enrolled in less than 9 credits. Students seeking financial aid may complete this form if they are enrolled in at least 1 credit. This form is not intended for use by international students to meet full-time status requirements, or for health insurance, assistantship, or housing eligibility.

- International Students: Please complete the Reduced Course Load form if you are taking fewer than 9 credits.
- Health Insurance: Please submit an inquiry to the Bursar to request Health Insurance.
- Assistantships: No action is required on your part. Your graduate program director will indicate your status on the Assistantship Recommendation form for review and verification by the Office of Graduate Studies.
- Housing: Please complete the Less Than Full-Time Request form on the Housing Portal under Forms & Processes if you are taking fewer than 9 credits.

Student Last Name	**Student First Name**	**Student ID**

Semester/Year	**Program of Study**

The above-named student's enrollment status should be considered full-time for the following reason:

- ☐ The student has taken the total number of credits (inclusive of credits being taken this term) required for the program of study and is enrolled in at least one credit.
- ☐ Other (please specify): _____

I am making this assessment based on my knowledge of this student's academic work requirements and the specific requirements for the graduate program they are pursuing. I understand that important university benefits are accrued to the student based on my assessment.

_____
Graduate Program Director or Department Chairperson Printed Name

_____
Signature Date

_____
Associate Provost for Graduate Studies Printed Name

_____
Signature Date