



Office of University Registrar
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Enrollment Status Form

Graduate degree candidates may be considered part-time, three-quarter time, or full-time regardless of the number of credits for which they register, if verified by their major department to be working in this capacity. This assessment can have important consequences for the student as regards financial assistance eligibility, loan pay-back schedule, health insurance coverage, and other matters dependent on enrollment status.

TO University Registrar

FROM: _____
Graduate Program Director or Department Chairperson

SUBJECT: Enrollment Status for:

Student Name: _____

Student ID Number: _____

Semester: _____

A. I certify that the above named student's enrollment status should be considered as:

- Less than Half-Time
- Half-Time
- Three-Quarter Time
- Full-Time

B. The student is devoting _____ clock hours per week on his/her: _____
(thesis, project, research, etc.)

C. A predicted degree completion term for this student is: _____
Semester/ Year

I am making this assessment based on my knowledge of this student's academic work requirements and his/her personal work schedule, in the light of the specific requirements for the graduate program s/he is pursuing. I understand that important university benefits accrue to the student based on my assessment.

Graduate Program Director or Department Chairperson

Department

Date