

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

A course load of 9 credits per semester is considered full-time in a graduate program. In some cases, a student may be considered full-time without being enrolled formally in 9 credits. This typically occurs near the end of the program of study when a student is working on a project, thesis or dissertation, and has completed all credit bearing courses/thesis/project/dissertation required to meet the credit requirements of the degree.

The enrollment status of a student may have important implications on financial assistance eligibility, loan repayment schedule, health insurance coverage, and other matters dependent on enrollment status. For students who need this form to prove full-time status for the fall semester for purposes of healthcare coverage through the Student Health Insurance Plan (SHIP), the form must be completed and processed by August 1st to prevent a lapse in health care coverage. The student is responsible for emailing the approved form to insurance.waivers@umassd.edu for processing and forwarding to University Health Plans.

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 working on his/her project, thesis, or dissertation.
- 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 s/he is 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