

Boston University School of Medicine
Division of Graduate Medical Sciences

Medical Campus
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CERTIFICATE OF FULL-TIME PARTICIPATION IN A GRADUATE PROGRAM

A student enrolled for less than twelve credits or registered for continuing study, may be certified as a full-time student by filing this form, signed by the advisor and the department chairman or director of graduate study. For full-time status, the student must be fully engaged at Boston University in a program composed of one or more of the general elements listed below, in ways recognized by the University as related to progress towards competence in the field of the intended degree. Indicate specifically the type and amount of independent work you are doing, in support of your claim to full-time status. Failure to file this form with the registration material results in part-time registration status.

THIS FORM MUST BE SUBMITTED WITH YOUR COMPLETED REGISTRATION MATERIAL:

CALENDAR YEAR 20____ SEMESTER (CIRCLE ONE) FALL SPRING SUMI SUMII

NAME _____ DEPARTMENT _____

ID# (SOC. SEC. NO) ____ - ____ - ____ YEAR OF GRADUATE STUDY _____

REGISTRATION: _____ COURSES _____ CREDITS _____ CONT. STUDY: _____

INDEPENDENT WORK PERTINENT TO THE COMPLETION OF DEGREE REQUIREMENTS:
(BE SPECIFIC): _____

DIVISION OF GRADUATE MEDICAL SCIENCES: (CHECK IF APPLICABLE):

TEACHING FELLOWSHIP: _____
RESEARCH ASSISTANT/FELLOWSHIP: _____
RESEARCH ADVISOR: _____

REQUIRED SIGNATURES:
STUDENT: _____ DATE: _____
MAJOR ADVISOR: _____ DATE: _____
DEPT/CHAIRMAN: _____ DATE: _____

*A student living at a distance may register by mail for Continuing Study, certified full-time, provided the registration form, and the full-time certification form are completely filled out and signed.