A/R 601 CULMINATING EXPERIENCE
ENROLLMENT REQUEST FORM

Name: _______________________________ Student ID: ___________________
Degree Program: _______________________________ Graduation Date: ____________
Phone: _______________________________

I understand that registration in A/R 601 will meet university requirements for maintaining continuous enrollment. This may have limited access to any student or instructional services, other than the library. This is to certify that the above named student has fulfilled all degree requirements but is still working on a THESIS, PROJECT, or DISSERTATION. The enrollment request must be renewed each semester.

Student Signature: _______________________________ Date: ________________

Are you an international student with F-1 or J-1 status?  ☐ No  ☐ Yes. If yes, a coordinator in the International & Exchange Student Center (IESC) must sign in acknowledgement of student registration in A/R 601.

Signed: _______________________________ Date: ________________
Sevis Coordinator, IESC

ALL boxes must be marked by the department’s Graduate Coordinator or Department Chair. This certifies all qualifications for enrollment have been met. Incomplete forms will be returned to the student.

Yes ☐ No ☐ Applied for graduation, or filed date change to reflect current semester
Yes ☐ No ☐ Student is Classified
Yes ☐ No ☐ Enrolled in all units required for the degree and continuing work on thesis, project, dissertation or abstract
Yes ☐ No ☐ Past enrollment in 698/798
Yes ☐ No ☐ Student is within 2 year time limit of initial enrollment in 698/798, or petition filed
Yes ☐ No ☐ Coursework is completed within 7 year timeframe, or over-aged courses have been validated
Yes ☐ No ☐ In good standing, i.e. not on probation
Yes ☐ No ☐ I recommend enrollment in the Graduate Culminating Experience (A/R 601)

Signed: _______________________________ Date: ________________
Graduate Coordinator/Department Chair

**The signature from your Graduate Coordinator/Department Chair will expire after 3 weeks.**

This section to be completed by The Office of Graduate Studies (University Hall 275).

Last semester enrolled: _______________________________

Graduate Evaluator Signature: _______________________________ Date: ________________