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.

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

Please note the following related to A/R 601:

- A/R 601 enrollment IS NOT eligible for Financial Aid.
- A/R 601 WILL NOT defer loan payments.
- A/R 601 is considered as less than half-time enrollment

Student Signature: ___________________________ Date: ________________

ALL boxes must be marked by the department’s GraduateCoordinator 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 ☐ Student has outstanding incomplete/s (if yes, student is NOT eligible at this time)

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: ________________