EASTERN MICHIGAN UNIVERSITY

Doctoral Student Low Enrollment Form

Doctoral students who have completed ALL academic coursework (excluding comprehensive exam, dissertation and/or internship), but who continue to work toward completion of those requirements may be considered full-time during periods of registration in those courses. After such registrations are no longer needed to satisfy program requirements, a doctoral student may enroll in a <u>Continuous Enrollment</u> (767) course and be considered a full-time student. **This paperwork is required in either case.** A FINAL program of study must be on file to verify eligibility.

Please note: This form may NOT be used if other courses on the program of study are not completed, or during terms in which registration in other courses exists (including, but not limited to, independent study).

PLEASE SUBMIT THIS FORM EACH SEMESTER YOU WISH TO BE CONSIDERED FOR FULL TIME ENROLLMENT – AFTER YOU HAVE REGISTERED, but prior to the beginning of the semester.

Student Name			EID	
Graduate Prog	gram			
Semester	Year	·		
Course(s) in w	hich you are registere			
SUBJECT	COURSE	Comprehensive Examination Dissertation	CREDIT HOURS	
SUBJECT	COURSE	Internship	CREDIT HOURS	
SUBJECT	COURSE 767 COURSE	Continuous Enrollment	CREDIT HOURS1 CREDIT HOURS	
Please mark ye	es or no to the followir	ng questions:		
ELIGIBILITY Complete yes now now	Are you a doctoral s Have you completed your program? (If no Will you be working Will you be working Will you be working NAL QUESTIONS Are you an internation Have you previously deferment?	o, you may not use this form.) toward the completion of your com toward the completion of your disse toward the completion of your inter onal student with an F-1 or J-1 visa received federal, state, or private s	hensive exam, dissertation and/or internship) for prehensive exam this semester? ertation this semester? nship requirements this semester?	
Student Signat	ture		Date	
Student's email address		@emich.edu		
Doctoral Progr	am Coordinator (print	name)		
Doctoral Progr	am Coordinator (signa	ature)	Date	
RETURN THI	S FORM TO THE OF	FICE OF RECORDS AND REGIST	RATION, 303 PIERCE HALL, FAX: 734.487.6808.	
For Office Use	Only: Request is [Approved [] Denied [] R	ecorded in Banner	
Date:		Staff signature:		