

GRADUATE SCHOOL OF MANAGEMENT GRADUATE STANDING CONTINUATION FORM

Economics - MSAE Professional Project Continuation Form

Students are required to remain registered every fall and spring semester. When a student has completed all credit requirements for graduation, but is still working on the Professional Project, a registration for the appropriate course listed below shall be used to maintain active status. This form is to be used to request authorization and receive a permission number for the course indicated below. Full information regarding each option is available in the graduate bulletin. A course fee of \$100 will be charged.

Name: Last, First _____ MUID: _____
Citizenship: U.S. Citizen U.S. Resident Visa and Type _____
Registration is requested for: Fall Spring Summer Year: _____

Students seeking half-time status are expected to work a minimum of 11-19 hours per week on the Professional Project. Those seeking full-time status are expected to work 19 or more hours per week on the Professional Project. Failure to meet these expectations may result in a failed grade and academic censure. It is the student's responsibility to notify the GSM in writing if they are not complying with the regulations. The GSM reserves the right to alter the status below at any time.

Select one: 9991 Master's Project less-than-half-time LHT < 11 hours/week 9992 Master's Project half-time HT 11-19 hours/week 9993 Master's Project full-time FT > 19 hours/week

Attach a separate sheet indicating the amount and type of work required to meet the minimum compliance hours listed above.

I hereby verify that I understand that in order to earn the status requested above, I must work on my Professional Project for the requisite number of hours. I also certify that I will indeed work these hours and if I discover that I cannot spend this amount of time on this commitment this semester, I will contact the GSM office to have my status revised accordingly. Furthermore, I understand that my department has the authority to alter my status without my permission, if it is determined that I am not fulfilling the required hours.

Student MU email address: _____@marquette.edu

Student signature

Date

Note: Student is responsible for registering for this course

PART II: TO BE COMPLETED BY YOUR ADVISOR (before submitting form to the GSM for processing)

I hereby verify that I understand that, in order for the student to earn the status requested above, he/she has been advised that work on the Professional Project as checked above must include the requisite hours listed above. I also certify that I will monitor this student to ensure that these hours are being fulfilled and if not, I will recommend to the GSM Office that the student's status be altered accordingly.

Signature of Advisor _____ Date _____

PART III: To be completed by the Graduate School of Management

Graduate School of Management: Approved Denied

Permission Number _____

Date _____