

**DISSERTATION / THESIS / PROFESSIONAL PROJECT CONTINUATION APPROVAL FORM**

When a student has completed all credits required for graduation but is still working on his/her dissertation, thesis, or professional project, registration in the appropriate course listed below shall be used to maintain active status. This form is to be used to request authorization for the course indicated in Section II. The department must submit this form to the Graduate School after signing their approval. The Graduate School will register the student for the course. These courses are zero-credit courses. A course fee of \$100 will be charged. This form is due in the Graduate School no later than the last day of registration for Session 1 in the requested term of enrollment.

**I: STUDENT INFORMATION**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

MUID: \_\_\_\_\_

Degree: \_\_\_\_\_

Registration is requested for: Fall  Spring  Summer  Year: \_\_\_\_\_2020 Citizen Status:  U.S. Citizen  Permanent Resident  Visa Status: \_\_\_\_\_**II: REQUEST FOR DISSERTATION/THESIS/PROFESSIONAL PROJECT**

I have completed the dissertation / thesis / professional project credits required for my degree, but I am still working on the dissertation / thesis / professional project. I request the status indicated below for the term indicated above:

**Thesis Continuation:**

Less than half-time (9994) LHT &lt; 12 hours/week

Half-time (9995) HT 12-2- hours/week

Full-time (9996): FT &gt; 20 hours/week

**Doctoral Dissertation Continuation:**

Less than half-time (9997) LHT &lt; 12 hours/week

Half-time (9998) HT 12-2- hours/week

Full-time (9999): FT &gt; 20 hours/week

**Professional Project Continuation:**

Less than half-time (9991) LHT &lt; 12 hours/week

Half-time (9992) HT 12-2- hours/week

Full-time (9993) FT &gt; 20 hours/week

Hours per week I will spend working on my dissertation: \_\_\_\_\_

I certify that:

- I am aware of the number of hours per week that this status requires, and I will work that number of hours. If I become unable to work that number of hours, I will notify my department so that my status can be changed appropriately;
- I have examined my Checkmarq account, I have no holds, and I am eligible to register and;
- Once my department has approved this course, I give them permission to submit this form to the Graduate School so that the Graduate School may enroll me as indicated above. I have reviewed and am aware of the billing policies of Marquette University (<http://www.marquette.edu/mucentral/bursar/billingindex.shtml>).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**III. DEPARTMENT APPROVAL**

I certify that:

- I will monitor the hours that this student is completing towards the enrollment status being assigned to them;
- Should the status change, I will notify the Graduate School immediately;
- I will submit this form directly to the Graduate School, who will enroll the student.

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Section #: \_\_\_\_\_

Department Chair or DGS Signature: \_\_\_\_\_

Date: \_\_\_\_\_