



PHD STUDENT SUMMER RESEARCH STATUS REGISTRATION FORM (CERTIFIED FULL-TIME)

NOTE: This form is used in place of the Office of the University Registrar's *Registration Form*. You need not submit a Registration Form if using this *Summer Research Status Registration Form*.

A student in a degree program in the Division of Graduate Medical Sciences who is engaged during the summer in full-time research as an essential component of the graduate degree program is eligible to register for Summer Research Status and to be certified as a full-time student. This will establish the individual's official student status for purposes of loan eligibility and tax considerations. There is no charge to register for Summer Research status. Summer Research Status is available only for students continuing their studies in the fall; this status does not satisfy the mandatory registration for the final two semesters during which degree requirements are completed.

REGISTRATION FOR SUMMER

CALENDAR YEAR 20__

NAME _____
Last, First

E-MAIL _____

BU I.D. # U ____ - ____ - _____

DEPARTMENT/PROGRAM _____

CERTIFICATE OF FULL-TIME PARTICIPATION IN GRADUATE RESEARCH (Full-Time Certification Form)

A student registered for fewer than 12 credits or for Continuing Study or Summer Research but engaged otherwise in full-time study, research, or teaching pertinent to the completion of degree requirements or to gaining competence in the field of study, may be certified as a full-time student. If you are eligible for certification, please complete this form, obtain the appropriate signatures and submit it to your department for forwarding to Ms. Millie Agosto in Room L-315.

You must indicate below the specific research you are doing, in support of your claim to full-time status:

Do you have a summer Research Assistantship or Research Fellowship? Yes No
(circle one)

REQUIRED SIGNATURES:

STUDENT _____ DATE _____

MAJOR ADVISOR _____ DATE _____

DEPARTMENT CHAIRMAN _____ DATE _____
or DIRECTOR OF GRADUATE STUDIES

Every student is responsible for knowing the general regulations of the Division of Graduate Medical Sciences as stated in the "Policies and Procedures" section of the *GMS Bulletin* and the more specific requirements stated in the individual section on each department, division, or program which may go beyond, or supplement, those of the Graduate School. At any time the administrative staff will be happy to interpret or clarify any rule or regulation. The *Bulletin* is available on-line at www.bumc.bu.edu/gms.

GMS Office use only. Do not write below.

Course number: _____

Staff initials and processing date: _____