School of Medicine
Division of Graduate Medical Sciences

Certified Full-Time Form

A student registered for less than twelve (12) credits who is otherwise engaged in full-time study or research related to the completion of degree requirements, or who is gaining competence in the field of study, may be certified as a full-time student.

STUDENT INFORMATION

Last Name: First Name: BU ID#:

BU Alert Number:

Program/Department:

REGISTRATION INFORMATION

Semester/Year: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II
(example: Fall 2015)

☐ I am registered for less than twelve (12) credits for the indicated semester. I will be taking courses for a total of credits.

☐ I am not registered for any course and agree that the submission of this form registers me for Continuing Study (GMS MS 985 or GMS MS 986).

☐ C1-Session – Summer 2, only (Financial Aid Purposes Only)

In the below field, please list the independent work you will complete during the semester indicated above to support your request for full-time status. **This form must contain specific details of your objectives, include type of research, topic, lab location and hours per week or it may be denied.**