



Office of Global Initiatives
**ADVISER FORM FOR
FULL-TIME CERTIFICATION
FOR DOCTORAL DEGREE STUDENTS ONLY**

All doctoral students requiring certification of full-time status must submit this form.

PERSONAL INFORMATION (to be filled out by the student)

Name: _____ ID#: _____

Email: _____@njit.edu Major: _____ Today's Date: _____

ACADEMIC INFORMATION (to be completed by the academic adviser)

Cumulative GPA: _____ Expected program completion date: _____

Credits completed: _____ Attempted hours: _____

Requesting Full-Time Certification for _____ semester (Fall/Spring Year).

Passed the Qualifying Exam: NO YES Date: _____

Pre-doctoral research (792B course) credits completed: _____

Passed the dissertation proposal: NO YES Date: _____

Prior Master's Degree: NO YES

If YES: Date awarded: _____ University: _____

Discipline: _____

Dissertation research (790 course) credits completed: _____

Select the reason for full time certification:

- Student is taking less than required number of credits due to co-op/internship.
- Student is taking less than required number of credits due to medical reason. (Note: documentation must be submitted to the Dean of Students office.)
- Student is taking less than required number of credits due to being enrolled in dissertation.

SEE REVERSE PAGE



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Student entered PhD program in _____ semester (Fall/Spring Year)

Required signatures:

Student Name	Signature	Date
Academic Adviser Name	Signature	Date
Dissertation Adviser Name	Signature	Date
Department Chair Name	Signature	Date

GRADUATE STUDIES OFFICE ONLY

() Tracked () Credits () FTC () SPACMNT Completed by: _____

Graduate Studies Office Signature: _____ Date: _____

OFFICE OF GLOBAL INITIATIVES ONLY

Received on _____ by _____ Banner entered on _____ by _____

To be completed by the Graduate Studies Office :

YEAR	SEMESTER	DOCTORAL CREDITS	YEAR	SEMESTER	DOCTORAL CREDITS
20__	SPRING		20__	FALL	
20__	SPRING		20__	FALL	
20__	SPRING		20__	FALL	
20__	SPRING		20__	FALL	
20__	SPRING		20__	FALL	
20__	SPRING		20__	FALL	