



The International Center
 201 Mullica Hill Rd.
 Glassboro, NJ 08028
 +1 856-256-4292
 Email: rowanic@rowan.edu

**CONTINUATION APPROVAL FORM DISSERTATION/
 THESIS INTERNATIONAL-GRADUATE STUDENTS**

When a student has completed all credits required for graduation including required face to face course credits (including the registration of **1 to 9 credits of Master's Research and Thesis MSE 00.599*** or **1 to 12 credits of PhD Dissertation Research MSE 00.799*** *except* the submission of the thesis or dissertation, the student must maintain matriculation in the degree program during the Fall and Spring semesters by registering for either: **Master's Thesis Continuation (9-credit MSE 00.598*)** or **PhD Dissertation Research Continuation (9-credit MSE 00.798*)**.

Registration in the appropriate 9-credit Continuation courses listed above shall be used to maintain active and full time status; however, the enrolled student in the continuous course will only be charge 1 credit of tuition & fees. This form is to be used to request authorization for these courses. The department must submit this form to the Departmental Graduate Chair and the International Center. Students are responsible for tuition and fees.

A. Student Information

Student Name: Banner ID:
 Email: Phone:
 Major: Current End Date of I-20:

B. Request for Sustaining Full Time Enrollment

I certify that:

- I have completed the dissertation / thesis credits required for my degree, but I am still working on the dissertation / thesis.
- I am aware that the minimum number of study hours per week that this status requires is 20, and I will work on my thesis/dissertation that number of hours. If I become unable to study that number of hours, I will notify my department so that my status can be changed appropriately.

Student Signature: Date:

C. Department/Adviser Approval

I certify that:

- I will monitor the hours that this student is completing towards the enrollment status being assigned to them.
- The progress of dissertation/ thesis is satisfactory

Advisor's Comments & Recommendations: (Please briefly describe activities planned for thesis work during the above mentioned semester):

Advisor's Name: Advisor's Signature:
 Phone Number: Date:

Application for Graduate Thesis/Dissertation Continuation (MSE 00598/MSE 00798)

Part I. (To be completed by Applicant)

Designate academic terms for which continuation is sought:

Fall 20

Spring 20

Summer 20

Renewal of research continuation beyond 1 year requires a new application.

Part II. (To be completed by Department Graduate Program Chair)

- Applicant is a Graduate Student in good Academic Standing, and making satisfactory Academic Progress in her/his program of study.

YES

NO

- If enrolled in a Master's program, Applicant has completed 9 credits of MSE 00599 (Master's Thesis and Research). If enrolled in a Doctoral program, Applicant has completed the equivalent of 33 credits of graduate level thesis/dissertation research (e.g., 9 credits of MSE 00599 plus 24 credits of MSE 00799 (PhD Dissertation Research), or 33 credits of MSE 00799).

YES

NO

- Applicant has Departmental approval to continue Thesis/Dissertation research.

YES

NO

Part III.

Applicant Approval _____
Name (Print) Signature Date

Research Advisor Approval _____
Name (Print) Signature Date

Graduate Chair Approval _____
Name (Print) Signature Date

Department Head/Chair Approval _____
Name (Print) Signature Date

College Budget Office Approval _____
CSM / HMRCoE Name (Print) Signature Date

College Dean Office Approval _____
CSM / HMRCoE Name (Print) Signature Date