TO: Office of Financial Aid  
FROM: Angela R. Freeman, University Registrar  
DATE: ____________________________  

SEMESTER: ____________________________  

This is to declare that ________________________________ (Name and Student ID#) is a student engaged in Dissertation or Thesis Research on a full-time basis in research activities requiring faculty supervision. In accordance with University policy, a student shall be classified as a full-time student when registered in a minimum of three semester credit hours of research, or thesis or dissertation consultation.  

Research Course: ____________________________  
Credit Hours: ________  

Research Advisor: ____________________________  
Date: ________________  

Dept. Chair or Dean: ____________________________  
Date: ________________  

Registrar: ____________________________  
Date: ________________  

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