

**CLARK ATLANTA UNIVERSITY  
OFFICE OF THE UNIVERSITY REGISTRAR**

**Certification of Full-Time Status for Dissertation or Thesis**

**TO:** Office of Financial Aid

**FROM:** Angela R. Freeman, University Registrar

**DATE:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

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This is to declare that \_\_\_\_\_ is a student  
(Name and Student ID#)  
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:** \_\_\_\_\_

**Copy Distribution (1) Registrar's Office (2) Financial Aid (3) Department (4) Student**