



Office of the University Registrar

CLARK ATLANTA UNIVERSITY

Certification of Full-Time Status for Dissertation or Thesis

TO: Office of Financial Aid

FROM: Susan W. Gibson, University Registrar

DATE: _____

SEMESTER: ☐ Fall _____ ☐ Summer _____ ☐ Spring _____

(Print Name and Student ID#)

This is to declare that student listed above is 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/dissertation consultation.

Research Course: _____ **Credit Hours:** _____

Research Advisor: _____ **Date:** _____
(Signature)

Dept. Chair or Dean: _____ **Date:** _____
(Signature)

Registrar: _____ **Date:** _____
(Signature)