

International Student and Scholar Services ♦ Florida International University

Modesto Maidique Campus: GC 355 Ph: (305) 348-2421 Fax: (305) 348-1521
Biscayne Bay Campus: WUC 363 Ph: (305) 919-5813 Fax: (305) 919-4824

ADVANCEMENT TO THESIS OR DISSERTATION SEGMENT

I. To be completed by student (Please PRINT):

Last Name First Name Panther ID#

Program Level:

Bachelor's Master's Doctorate Other (Specify) _____

Email Phone #

II. To be completed by Academic Advisor: The above-named student is in the thesis or dissertation segment of his/her program and is requesting ISSS confirmation of full-time enrollment for required SEVIS periodic reporting. (NOTE: *Students receiving teaching or research assistantships are subject to enrollment requirements as stipulated in their contracts.*) Please complete the following as appropriate:

MASTER'S PROGRAM:

_____ The above-named student has completed all course work and had his/her thesis proposal approved ("Form M2" approved by the University Graduate School (UGS)). He/She will be enrolled for three (3) Master's Thesis credits beginning _____ until his/her last semester which is expected to be _____ for thesis defense.
(Specify semester/year) (Specify semester/year)

_____ The above-named student will defend his/her thesis during the _____ and will register for only one (1) _____
(Specify semester/year)
Master's Thesis credit. He/She is aware that such a registration is not considered full-time enrollment per UGS rule but will meet immigration requirements for registration ***below hours in the final semester***. **Failure to graduate by the end of the term may jeopardize the student's immigration status and could make him or her ineligible for OPT.**

DOCTORAL PROGRAM:

_____ The above-named student has completed all course work, reached candidacy and completed proposal (Form D2 and Form D3) approved by the University Graduate School (UGS)). He/She will be enrolled for three (3) Dissertation credits beginning _____ until his/her last semester which is expected to be _____ for
(Specify semester/year) (Specify semester/year)
dissertation defense.

_____ The above-named student will defend his/her dissertation during the _____ and will register for only one
(Specify semester/year)
(1) Dissertation credit. UGS approval is required. He/She is aware that such a registration is not considered full-time enrollment per UGS rule but will meet immigration requirements for registration ***below hours in the final semester***. **Failure to graduate by the end of the term may jeopardize the student's immigration status and could make him or her ineligible for OPT.**

Advisor's Name (Please PRINT) Advisor's Signature Date

Phone: _____ Fax: _____ E-mail: _____

UNIVERSITY GRADUATE SCHOOL Verification:

Dean or Associate Dean Date

III. To be completed by ISSS Advisor (Designated School Official):

Above-named student is confirmed IN STATUS with enrollment for Thesis or Dissertation credit(s) as detailed above.

NOTES: _____

ISSS Advisor/DSO Signature Date

Distribution: ___ISSS ___Student ___UGS (S:\Forms\RCL Forms\Advancement Thesis Dissertation: (08/15/13)