

**International Student and Scholar Services ♦ Florida International University**

Modesto Maidique Campus: SASC 230 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 and achieved candidacy ("Form D2" approved). He/She will be enrolled for three (3) Dissertation credits beginning \_\_\_\_\_ until his/her last semester which is expected to be \_\_\_\_\_ for 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: (12/18/17)