

COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES

Certification of Enrollment Status

Student Name:				Advisor:	
	First	M.I.	Last	///////	
Student ID #:		Degree	2:	Department / Program:	
Semester: Summer 🔿 Fall 🔿 Spring 🔿 Year:				Number of credits being taken:	
Do you receive VA Educati	ional Benefits? Y	′es 🔿 No	\bigcirc		
Student Signature:				Date:	
TO BE COMPLETED BY THE	E STUDENT'S AD	VISOR			
The student's course work	x, along with his/	her research/pi	acticum work, is cor	sidered equivalent to:	
	◯ Full ti	me	◯ Half time	CLess than half time	
Explain why the student's	coursework, alo	ng with the stu	dent's research/prac	ticum work, is considered equivalent to the option m	arked above:
Advisor Signature:				Date:	
Program Director Signature:				Date:	
Academic Dean Approval Signature:				Date:	
Graduate Dean Approval Signature:				Date:	
O	klahoma Bap	3800 North M		araduate and Professional Studies ahoma City, OK 73112 edu/graduate	