

## Form to Update Expected Graduation Term AND/OR Request Full-time Certification for students pursuing Master's Degrees or Advanced Certificates

**Master's & Advanced Cert students** should file this form to update your expected graduation term in HUB and/or request certification of full-time student status. Students who are beyond the 4 year time limit for master's program instead need to request an Extension of Time Limit: ([buffalo.edu/grad/forms/extension.html](http://buffalo.edu/grad/forms/extension.html))

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UB Person Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

**Update my expected graduation date in HUB**

June 1 (spring)                  Aug 31 (summer)                  Feb 1 (fall)                  Year \_\_\_\_\_

Reason for change (if applicable): \_\_\_\_\_

**Certify me as a full-time student**

June 1 (spring)                  Aug 31 (summer)                  Feb 1 (fall)                  Year \_\_\_\_\_

I am near the end of my program and registering for less than 12 credits, but I am putting forth full-time academic effort (according to the chart below) on my final capstone project, thesis, portfolio, internship, or exam.

**Student:** Below, indicate the number of credits registered (A) and the corresponding number of hours (B) being put forth outside of the classroom. A & B must correspond to be considered full-time.

		Credits Registered										Row A and Hours Outside of Classroom			Row B							
<b>A</b>	11		10		9		8		7		6		5		4		3		2		1	
<b>B</b>	3		6		9		12		15		18		21		24		27		30		33	

**Select capstone work:**      Project      Thesis      Portfolio      Internship      Exam | Exam date \_\_\_\_\_

**Student:** With my signature below, I confirm that I will be a registered student, and I have read the final degree requirements at <https://www.buffalo.edu/grad/succeed/graduate/requirements.html>.

Student Name \_\_\_\_\_ Signature required \_\_\_\_\_ Date \_\_\_\_\_

**Major Advisor:** I have reviewed this student's academic record and transcript; and confirm that completion of all program requirements by the updated expected graduation date is feasible. Where full-time certification is being sought, I confirm that the student is working full-time on the final capstone.

Advisor Name \_\_\_\_\_ Signature required \_\_\_\_\_ Date \_\_\_\_\_

**Dir. Of Grad. Studies/Chair:**

Print Name \_\_\_\_\_ Signature required \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to the Office of the Registrar: [reg-degreeaudit@buffalo.edu](mailto:reg-degreeaudit@buffalo.edu)**