

The International Center 201 Mullica Hill Rd. Glassboro, NJ 08028 +1 856-256-4292

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## CONTINUATION APPROVAL FORM DISSERTATION/ THESIS INTERNATIONAL-GRADUATE STUDENTS

When a student has completed all credits required for graduation including required face to face course credits (including the registration of 1 to 9 credits of Master's Research and Thesis ENGR 01.599\* or 1 to 12 credits of Doctoral Research and Dissertation ENGR 01.799\* except the submission of the thesis or dissertation, the student must maintain matriculation in the degree program during the Fall and Spring semesters by registering for either: Master's Thesis Continuation (One-credit ENGR 01.598\*) or Doctoral Dissertation Continuation (One-credit ENGR 01.798\*).

Registration in the appropriate One-credit Continuation courses listed above shall be used to maintain active and full time status. This form is to be used to request authorization for these courses. The department must submit this form to the Departmental Graduate Chair and the International Center. Students are responsible for tuition and fees.

| Student Name:                                 | Banner ID:  |
|---|---|
| Email:  | Phone:  |
| Major:  | Current End Date of I-20:   |
|   |   |
| B. Request for Sustaining Full Time En        | rollment  |
| certify that:                                 |   |
| • I have completed the dissertation / thesis. | thesis credits required for my degree, but I am still working on the dissertation /                 |
| • I am aware that the minimum num             | ber of study hours per week that this status requires is 20, and I will work on my                  |
| department so that my status can b            | hours. If I become unable to study that number of hours, I will notify my be changed appropriately. |
|   |   |
| udent Signature:                              | Date:   |
|   |   |
| C. Department/Adviser Approval                | <del>_</del>  |
| certify that:                                 |   |
| -   | tudent is completing towards the enrollment status being assigned to them.                          |
| • The progress of dissertation/ thesi         |   |
| Advisor's Comments & Recommendati             | ions: (Please briefly describe activities planned for thesis work during the                        |
| above mentioned semester):                    |   |
|   |   |
|   |   |
|   |   |
| 's Name:                                      | Advisor's Signature:  |

## Application for Graduate Thesis/Dissertation Continuation (ENGR 01598/ENGR 01798)

| Part I. (To be completed by Applic                      | cant)                        |  |                              |
|---|------------------------------|--|------------------------------|
| Designate academic term                                 | ns for which continuation is | sought:  |                              |
| Fall 20   |                              |  |                              |
| Spring 20   |                              |  |                              |
| Summer 20   |                              |  |                              |
| Renewal of research continuation                        | beyond 1 year requires a ne  | w application.   |                              |
| Part II. (To be completed by Depa                       | rtment Graduate Program C    | hair)  |                              |
| <ul> <li>Applicant is a Graduate S of study.</li> </ul> | tudent in good Academic St   | anding, and making satisfactory Academic   | Progress in her/his program  |
| YES   |                              | NO   |                              |
| enrolled in a Doctoral pro                              | ogram, Applicant has compl   | pleted 9 credits of ENGR 01599 (Master's eted the equivalent of 21 credits of graduants of ENGR 01799 (Doctoral Dissertation a | te level thesis/dissertation |
| YES   |                              | NO   |                              |
| Applicant has Department                                | ntal approval to continue Th | esis/Dissertation research.  |                              |
| YES   |                              | NO   |                              |
| Part III.   |                              |  |                              |
| Applicant Approval                                      | N (D: 1)                     | C:   |                              |
|   | Name (Print)                 | Signature  | Date                         |
| Research Advisor Approval                               | Name (Print)                 | Signature  | Date                         |
| Graduate Chair Approval                                 | Name (Print)                 | Signature  | Date                         |
| Department Head Approval                                | Name (Print)                 | Signature  | Date                         |
|   |                              |  |                              |
| HMRCoE Budget Office Approval _                         | Name (Print)                 | Signature  | Date                         |