

**STUDENT STATUS OF ENROLLMENT IN ZERO UNITS
VERIFICATION REQUEST**

Purpose: Verification of enrollment for graduate students enrolled in zero units. A graduate (master's degree) student completing a thesis (299) or a project (298) may require verification of "zero-unit" enrollment to qualify for loan deferments, employment, credential, etc. A student studying for, or sitting for, a comprehensive examination may also use this form. When completed, this form will permit the California State University, Fresno Registrar to comply with such requests (see bottom, page 2).

Instructions: Complete all items listed below. Take this form to your 298/299 Chair or comprehensive examination adviser for his/her signature (top, page 2). Return the form to the Division of Graduate Studies, Harold Haak Administrative Center (4th floor of the Henry Madden Library). Bring copies of any additional relevant paperwork, such as a loan agency form. Do not forget to complete your portion of the form. Requests for status verification are processed once the term indicated is under way. A nominal fee is required. Completion of a separate status verification form is required each semester for which status verification is desired. If you have any questions about this form, please contact Dr. Sharon Brown-Welty, Dean, at (559) 278-2448.

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (____) _____ **Student ID#** _____

Graduate Degree Program _____

Semester for requesting verification of 298C, 299C, or GS Continuation (zero-unit) enrollment _____

Culminating Experience assigned to you (check one below)

Project (298) Thesis (299) Comprehensive Examination

Initial registration for 298/299 Term/Year _____ Total Units _____

Date of Comprehensive Examination, if scheduled _____

Reason for your request _____

STUDENT'S SIGNATURE _____ DATE _____

VERIFICATION OF ZERO UNIT ENROLLMENT

Note for Thesis/Project Adviser: The student named on this form needs verification of involvement in completing a thesis/project under your direction for the semester indicated on page 1.

Note for Comprehensive Examination Adviser: The student named on this form needs verification of involvement in studying for, or sitting for, a comprehensive examination under your direction, for the semester indicated on page 1.

I certify that the student named on page 1 of this form is accomplishing the following time equivalent for the semester(s) indicated on page 1.

Full-Time Three-Quarter Time Half-Time One-Quarter Time None

Comments: _____

Faculty Signature _____ Date _____

GRADUATE STUDIES USE ONLY (Harold Haak Administrative Center)

DEAN:

YES NO The student is enrolled in 298C or 299C (zero units) for the semester(s) indicated on page 1 of this form.

YES NO The student is enrolled in GS Continuation (zero units) for the semester(s) indicated on page 1 of this form.

YES NO The student is in good standing.

YES NO I concur with the adviser's assessment.

Signature _____ Date _____

REGISTRAR'S USE ONLY (Joyal Administration Building, Room 106)

TO WHOM IT MAY CONCERN:

The statements recorded above were made with my permission and I concur with them.

Signature _____ Date _____

Division of Graduate Studies Special Services Fee

Please follow the instructions below to obtain the service you require:

1) Complete the Service Requested portion of this form. 2) Take your completed form to the Cashier's Window in the south lobby of the Joyal Administration Building. 3) Make payment. The Cashier will receipt the form and return it to you with a register receipt. 4) Return the register receipt to the Graduate Office to obtain the service requested. This receipted form will serve as your own proof of payment.

SERVICE REQUESTED		Cost Per Copy	# of Copies Needed	Total Cost
<input type="checkbox"/>	Enrollment verification (Thesis/Project "zero" unit/continuation only; all other cases are verified by the Registrar)	\$5.00	_____	\$ _____
<input type="checkbox"/>	Certification of student's completion of requirements for the master's degree to be granted, a certificate of advanced study, or a second option.	\$5.00	_____	\$ _____
<input type="checkbox"/>	Certification of student's completion of requirements for the doctoral degree to be granted.	\$5.00	_____	\$ _____
<input type="checkbox"/>	Duplication of foreign documents (per page)	\$5.00	_____	\$ _____
<input type="checkbox"/>	Duplication of lost documents or for a second copy of any document previously provided.	\$5.00	_____	\$ _____
<input type="checkbox"/>	Change of Graduate Degree or Credential Objective	\$5.00	N/A	\$ _____
			Total Fee	\$ _____
Student Name: _____				
SS/ID #: _____ Date: _____				
Address: _____				
Street City State Zip				
Phone: _____ Email : _____				
CASHIER'S USE ONLY				
Item Code # 1280				
Special Services Fee	<u>Account #</u> 501906	<u>Fund</u> 49460	<u>Org. ID</u> 36320	<u>Program</u> 0000