**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 Research and Graduate Studies, Frank W. Thomas Building, Room 132. Payment of $5 fee (non-refundable) must be made prior to submitting your form. Payment can be made online or via the Cashier’s Office using the Special Services Fee form. 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. 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. Joy Goto, 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

**RESEARCH AND GRADUATE STUDIES USE ONLY**

(Thomas Building, Room 132)

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRGS/08.03.23