

To be completed by Academic Advisor

Name	ASU ID Number	Semester	Year

This is to certify that the above named student is NOT enrolled full-time due to the following conditions (*Choose all the options applicable*):

- I. ☐ Student completed all required coursework and is working on his/her:
- ☐ Required Thesis/Dissertation/Research Hours
 - ☐ Project
 - ☐ Comprehensive Exam
 - ☐ Final Degree Requirement (registered for additional credits or one hour continued registration)
- II. ☐ Completing final coursework

Course(s)	Credit Hour(s)	Online/distance learning			
		Yes		No	
		Yes		No	
		Yes		No	

- III. ☐ Other, please explain. (Use the back, if necessary)

After choosing the appropriate option(s) above, please indicate:

a) Number of credit hours left to complete program: _____

Please note: Do not include continued registration credits.

b) Anticipated Completion Date (MM/DD/YYYY): _____

Students must choose the closest approximate completion date based on a realistic time frame.

Signature

Name

Title

Department Stamp

Date

If your department does not have a stamp, please attach business card of the signer.