



DOCTORAL CONTINUING STUDY STATUS

Use this form to indicate your planned doctoral student status while on continuing study. You will be registered for continuing study in this status every fall and spring semester until you graduate. Full-time status may affect the fees on your student account and access to University resources. If you wish to change your status in a future semester, you must submit this form prior to the drop deadline (typically the 5th week of the semester) for the affected semester.

U _____
Student's BU ID Number Student's Last Name Student's First Name Expected Grad Date (MM/YYYY)

Degree: PhD in EH PhD in Epi PhD in HSR DrPH

Admit Semester: _____

Effective Semester: _____
Typically the semester that you begin continuing study

Doctoral Continuing Study Status (select one):

- Full-time: I have completed my coursework and will be completing my remaining degree requirements on a full-time basis. I am requesting to be registered for full-time continuing study each semester until I graduate. I acknowledge that I am responsible for any associated full-time continuing study fees that are not covered by my scholarship. I confirm that I am not a full-time BU employee.
- Part-time: I have completed my coursework and will be completing my remaining degree requirements on a part-time basis. I am requesting to be registered for part-time continuing study each semester until I graduate. I acknowledge that I am responsible for any associated part-time continuing study fees that are not covered by my scholarship.

Student Signature: _____ **Date:** _____
Written signature or image of written signature required

Doctoral Program Director

I verify that the student is completing work as indicated in the doctoral student status option above. If the student is full-time, I also verify that the student is not a full-time BU employee.

Program Director Signature: _____ **Date:** _____
Written signature or image of written signature required