GC 599 ENROLLMENT FORM
FOR ADVANCED DOCTORAL STUDENTS ONLY

TERM: □ FALL  □ SPRING  □ SUMMER  YEAR: ___________________  UIN: ____________________

NAME:
(PLEASE PRINT) Last First MI

E-mail: _____________________________________________________________________________________________

DEPT: ___________________________________________________  DATE PRELIM PASSED: __________________________

Note: Students may only request registration for the current term.

To be eligible to register for GC 599, a student must:

1) ___ Have a guaranteed student loan that would require immediate repayment if the student were not registered for the minimum credit required by the lender to defer the loan;
2) ___ Have passed the preliminary examination prior to the term in which he or she wishes to register for GC 599;
3) ___ NOT have any financial assistance (such as an assistantship, fellowship, etc.) that would cover his or her tuition and fees for the semester in which he or she wishes to register for GC 599; NOTE: Student is not eligible for additional educational loans while enrolled in GC 599; and
4) ___ Have completed all Graduate College and departmental requirements for the degree except for defending and depositing the dissertation;
   ___ OR, is required to complete a mandatory internship as part of the degree requirements.

I certify that I meet the above criteria and am eligible to register for GC 599. I authorize the Graduate College to register me for GC 599 for the term indicated above.

Student’s Signature: ___________________________________________________________  Date: ________________

REQUIRED DEPARTMENT AUTHORIZATION:

The student has completed all departmental requirements except dissertation defense and deposit, or is completing a mandatory internship, and is making satisfactory academic progress toward their degree completion. The student is eligible for GC 599 and the department approves of the enrollment.

Adviser’s Printed Name: ________________________________________________________________________________

Adviser’s Signature: ________________________________________________________________________________  Date: ________________

Authorized Departmental Signatory’s Printed Name: ________________________________________________________________________________

Authorized Departmental Signature: ________________________________________________________________________________  Date: ________________