Kinesiology Department
110 Totman Building
University of Massachusetts Amherst
Amherst MA 01003

ENROLLMENT STATUS OVERRIDE FORM (GRAD)

Name: ___________________________ Student number: _______________________

Semester/Year: ___________________ Advisor: _______________________________

Students who are enrolled for nine (9) or more credits are considered full-time. Students who are enrolled for six (6) to eight (8) credits are considered half-time. Audited courses do not count toward enrollment status. Degree candidates may be considered full- or half-time regardless of the number of credits for which they register provided their Graduate Program Director certifies that they are working full-time on research.

My enrollment status should be considered:
   ___ Full-time    ___ Half-time    ___ Less than half-time

Please indicate on what basis this determination was made:

________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Student’s Signature, Date

________________________________________________________________________

Advisor’s Signature, Date

________________________________________________________________________

Graduate Program Director’s Signature, Date

Processed by _____________ Date: ______

Student is to fill out, sign and give form to advisor to sign. It is then turned in to the GPD (Kent-Braun), who will review, sign and give to the Kinesiology Office Staff to process and file.