



ADVANCEMENT TO THESIS OR DISSERTATION SEGMENT

I. To be completed by student (Please PRINT):

 Last Name First Name Panther ID#
Program Level:
 Bachelor's Master's Doctorate Other (*Specify*) _____

 Email Phone #

II. To be completed by Academic Advisor: The above-named student is in the thesis or dissertation segment of his/her program and is requesting ISSS confirmation of full-time enrollment for required SEVIS periodic reporting. (NOTE: *Students receiving teaching or research assistantships are subject to enrollment requirements as stipulated in their contracts.*) Please complete the following as appropriate:

MASTER'S PROGRAM:

_____ The above-named student has completed all course work and had his/her thesis proposal approved ("Form M2" approved by the University Graduate School (UGS)).

He/She will be enrolled for _____ one (1) OR _____ three (3) credits of Master's Thesis beginning _____ until his/her last semester, which is expected to be _____ for thesis defense.
 (Specify semester/year) (Specify semester/year)

_____ The above-named student will defend his/her thesis during the _____ and will register for only one (1) Master's Thesis credit. He/She is aware that such a registration is not considered full-time enrollment per UGS rule but will meet immigration requirements for registration ***below hours in the final semester***. **Failure to graduate by the end of the term may jeopardize the student's immigration status and could make him or her ineligible for OPT.**

DOCTORAL PROGRAM:

_____ The above-named student has completed all course work and achieved candidacy ("Form D2" approved). He/She will be enrolled for three (3) Dissertation credits beginning _____ until his/her last semester which is expected to be _____ for dissertation defense.

_____ The above-named student will defend his/her dissertation during the _____ and will register for only one (1) Dissertation credit. UGS approval is required. He/She is aware that such a registration is not considered full-time enrollment per UGS rule but will meet immigration requirements for registration ***below hours in the final semester***. **Failure to graduate by the end of the term may jeopardize the student's immigration status and could make him or her ineligible for OPT.**

 Advisor's Name (Please PRINT) Advisor's Signature Date
 Phone: _____ Fax: _____ E-mail: _____

UNIVERSITY GRADUATE SCHOOL Verification: _____
 Email it to: ugs@fiu.edu Dean or Associate Dean Date

TO STUDENT: Once this form has been signed by your Academic Advisor and UGS, please upload the form to your [FIU ISSS Portal](#) (*F-1 Student Services > Advancement to Thesis / Dissertation*).

