

DOCTORAL FULL- OR HALF-TIME EQUIVALENCY FORM

Office of Doctoral Studies • 82 Washington Square East • Pless Hall, 2nd Floor, NY, NY 10003 • Phone: (212) 998-5044

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First Name		Last Name		ID Number
Street Address		City	State	Zip
				Daytime Telephone
Department	Program	Email Address		Anticipated Graduation Date

Reason for requesting equivalency status (check all that apply):

- International student on F1 or J1 visa
- Full-time status required as a condition of funding
- Deferring or obtaining student loans or other financial aid
- Other (describe): _____

Semester (**Spring, Fall, or Summer**): _____ Year: _____

Note that equivalency must be requested each semester and cannot be applied for in advance of registration. You must be registered for course work as indicated below before filing this form with the Office of Doctoral Studies.

Course Number/Section	Credits	Course Number/Section	Credits
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The University defines **full-time** coursework as a minimum of 12 credits each term. **Full-time equivalency** students are expected to spend no less than 40 hours per week on a combination of coursework and/or the appropriate activity listed below. The University defines **half-time** coursework as a minimum of 6 credits each term. **Half-time equivalency** students are expected to spend no less than 20 hours per week on a combination of coursework and/or the appropriate activity listed below.

TO BE FILLED OUT BY THE STUDENT:

My signature below certifies that I am enrolled in the course work above and engaged in the activity below for the number of hours indicated. I am requesting (check one) **half-time** or **full-time** equivalency status based on work toward my doctoral degree.

Student Signature	Date
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- Departmental Candidacy Examination (3 credits – granted for no more than one semester).
- Candidates working on dissertation topic (3 credits – granted for no more than one semester).
- Required internship or clinical practice. Indicate number of hours per week _____.
- Candidates with an approved dissertation committee chairperson working on the dissertation proposal (full or half-time equivalency granted for a maximum of 2 consecutive years). Indicate number of hours per week working on the dissertation proposal _____.
- Supervised research on the dissertation. Candidate must have an officially approved dissertation proposal on file with the Office of Research and Doctoral Studies. Indicate number of hours per week working on the dissertation _____.
- Research Assistant. Indicate number of hours per week _____.
- Other: use reverse side or attach a separate page describing what work you are engaged in toward your doctoral degree that is the equivalent of full or half-time (subject to the review and approval of the Associate Dean for Research and Doctoral Studies).

TO BE SIGNED BY THE FACULTY ADVISOR INDICATING APPROVAL OF THE ABOVE-NAMED STUDENT'S REQUEST

Academic Advisor or Doctoral Committee Chair Signature	Date	
For NYUSteinhardt Use Only	Office of Doctoral Studies Approval Signature	Date

This form should be filled out completely and signed by the student and the faculty advisor before being filed with the Office of Doctoral Studies (Pless Hall, 2nd Floor) for processing.