



UNIVERSITY of DENVER

OFFICE OF GRADUATE STUDIES

Return this form to: Office of Graduate Studies, Mary Reed Building, Room 5, 2199 S. University Blvd. Denver, CO 80208, Phone 303-871-2706 | Fax 303-871-4942, gradservices@du.edu

Continuous Enrollment (CE) Approval Form

- 1. This form must be submitted to the Office of Graduate Studies 5 business days prior to the first day of the fall quarter or the quarter in which the student begins Continuous Enrollment.
2. For complete policy and procedures regarding continuous enrollment, please see the Graduate Policy Manual: http://www.du.edu/media/documents/graduates/gradpolmanual.pdf.
3. Continuous Enrollment allows students to maintain active student status at the University and is designed for students who are working on a dissertation, thesis, or research paper/capstone.
4. Please indicate in which term you intend to begin Continuous Enrollment: [] Dissertation [] Thesis [] Non-thesis research paper, capstone, performance, or other creative work
5. Obtain appropriate signatures from the graduate advisor and/or dean and the Associate Provost for Graduate Studies.
6. Submit your completed CE form to the Office of Graduate Studies, Mary Reed Building, room 5.
7. Upon submission and approval of the CE form, registration permission is granted for CE.
8. Registration must occur within the appropriate registration and drop/add periods for the quarter to avoid late fees.

Name: _____ DU ID Number: _____
Degree: _____ Department/School: _____
Phone Number: _____ Preferred email address: _____

Student Certification

I certify that I have read and understand the CE policy. I am a graduate student at the University of Denver and have completed all coursework required by my degree program. I am within the maximum time limit established by the University for the degree I am pursuing, or I have obtained an official time extension. I am in good standing and I am currently working only on a thesis, dissertation or research paper/capstone.

Student's Signature: _____ Date: _____

Advisor Certification

As the advisor of the student above, I certify that to the best of my knowledge the above student certification statement is true and that he or she is making satisfactory progress towards the completion of the thesis, dissertation or research paper/capstone.

Graduate Advisor's Signature _____ Date: _____

Dean's Signature: _____ Date: _____

Dean's signature required for Graduate School of Social Work, Josef Korbel School of International Studies, and Morgridge College of Education.

Associate Provost's Approval: _____ Date: _____

Associate Provost's approval is required for all divisions, schools, and colleges. (Associate Provost's signature may be obtained at the Office of Graduate Studies, Mary Reed Building, Room 5.)

FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY:
Permit entered: CENR _____ Financial Aid Eligibility Time Limit: _____
Time extension approved until _____