To be completed by Academic Advisor

<table>
<thead>
<tr>
<th>Name</th>
<th>ASU ID Number</th>
<th>Semester</th>
<th>Year</th>
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A. This form is used to indicate the above named graduate student will be enrolled in less than 9 credits (full-time) due to the following conditions (please select one):
   - Student is in **final semester** of coursework required by degree plan.
   - Student is working on their **Thesis**.
   - Student is working on their **Dissertation**.
   - Student is working on **Research Hours**.
   - Student is working on their **Project**.
   - Student is completing their **Comprehensive Exam**.

B. If in **final semester** of coursework, enter number of credit hours remaining in program: _____
   If other condition selected, be sure to register for continuing registration credit.

C. If in **final semester**, indicate schedule in table below. Do not take more than 3 iCourse credits and ensure the final course, i.e. last day of class, is in-person.

<table>
<thead>
<tr>
<th>Course(s)</th>
<th>Credit(s)</th>
<th>iCourse</th>
<th>Sessions</th>
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D. Please indicate **anticipated completion date** (mm/dd/yyyy): _______________________
   
   *Students must choose the closest approximate completion date based on a realistic time frame.*

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Signature of Academic Advisor  
Name  
Title

Department Stamp  
Date

*If your department does not have a stamp, please attach business card of the signer.*

For further information please contact: issc@asu.edu  
August 2016