

## Doctoral Student Maintaining Matriculation (0 credits) Registration Approval Form

Student's Name:		ID: A00	
Program:			
Thesis Advisor/Mentor Name:			
Semester:	Fall 20	_ Spring 20	_
Progress of Thesis:	☐ Satisfactory	☐ Unsatisfactory	
Mentor's Comments and Recon	nmendations		
(Please describe activities planne	d for thesis work durin	g the coming semester):	
By signing below, the mentor a dissertation, is no longer receive but is in the final stages of writing	ring a stipend, and is	no longer maintaining a	
Mentor/Thesis Advisor Signature		Date	
Student Signature		Date	
GSBS Program/Track Director		Date	
GSBS Senior Associate Dean Sig	 nature	Date	