



## REQUEST FOR ENROLLMENT IN CLS 999 DISSERTATION CREDITS

**PART 1 – This section to be completed and signed by student and advisor.**

Student Name \_\_\_\_\_ APID \_\_\_\_\_

MSU Student Email \_\_\_\_\_

Advisor \_\_\_\_\_

Semester and Year Admitted to Program \_\_\_\_\_

Total credits completed (excluding 999s) \_\_\_\_\_ Total 999 \_\_\_\_\_

GPA \_\_\_\_\_ Date Passed Comps \_\_\_\_\_

Semester and year you intend to successfully defend and submit your dissertation to the Graduate School: \_\_\_\_\_

Semester/year requesting 999 credits \_\_\_\_\_ Number of 999 Credits Requesting \_\_\_\_\_

Reason for enrolling in CLS 999:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

***Advisor, please certify that the above student is making satisfactory progress towards PhD degree.***

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

**Part 2 – This section to be approved by the CLS Office, Associate Dean/Dean, and the Graduate School.**

**Recommendation:**

☐ Approve enrollment of 999 credits

☐ Refuse enrollment of 999 credits

\_\_\_\_\_  
Signature, Graduate Program Director/Date

\_\_\_\_\_  
Signature, Program Director/Date

\_\_\_\_\_  
Signature, Association Dean/Dean CSS/Date

\_\_\_\_\_  
Signature, Graduate School/Date