



Continuous Enrollment (CE) Approval Form

This form must be submitted to the Office of Graduate Education 5 business days prior to the first day of the fall quarter (or the quarter in which the student begins continuous enrollment) for processing. For complete policy and procedures regarding continuous enrollment, please visit [this webpage](#).

Upon review and approval by the Office of Graduate Education, registration permission is granted for CE. **You will receive an email with your approval and CRN registration information.** Students are required to register themselves for CE each quarter through MyDU or the Office of the Registrar. This form needs to be submitted once for each academic year.

Registration must occur within the appropriate registration and drop/add periods for the quarter to avoid late fees. Students who do not register prior to the first day of classes in a term will be subject to late registration fees as determined by the Office of the Registrar. To be eligible for financial aid, students must be registered by the end of the 100% refund period. Hours added after that time will not count towards financial aid eligibility.

Name: _____ **DU ID Number:** _____

Degree Program: _____ **Preferred email address:** _____

What non-coursework requirement will you be working on?

Dissertation Thesis Doctoral Comprehensive Exam Other _____

Term(s) Requested: Fall Winter Spring Summer **Academic Year:** 20__ / 20__

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 academic work/research necessary to complete the degree. I understand that after submitting this form, I must complete the enrollment process by registering for continuous enrollment through MyDU or the Office of the Registrar each quarter.

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 they are making satisfactory progress towards the completion of their final degree requirements.

Graduate Advisor's Signature: _____ Date: _____

FOR USE BY THE OFFICE OF GRADUATE EDUCATION ONLY:

Processed by: _____ **Date:** _____ **CENR Permissions Entered:** _____

Financial Aid Eligibility Time Limit: _____ **Time extension approved through:** _____