

**Michigan Technological University  
Graduate School**

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**Petition to Enter Full-Time Research-Only Mode**

*Due one week prior to the first day of classes in the semester student plans to enter Research-Only Mode.  
Final Degree Schedule (M4/D5) must be submitted to the Graduate School before approval will be granted.*

Upon approval, a student must enroll for 9 credits of a special research-only course each Fall and Spring semesters until the degree is completed or until the student contacts the Graduate School and requests to be removed from research-only mode. Tuition rate while in research-only mode is 1/3 of the normal graduate tuition rate. There is no research-only mode in summer when full-time enrollment is 1 credit. Students are eligible for the reduced tuition rate at the start of the first semester following completion of **all** required milestones. Students who do not need to be enrolled full-time for support, visa status, or loan deferral purposes may not wish to apply for research-only mode.

Name \_\_\_\_\_ ID number \_\_\_\_\_ E-mail \_\_\_\_\_

Department \_\_\_\_\_ Degree: Master's \_\_\_\_\_ PhD \_\_\_\_\_

requests permission to be designated as Full-Time Research Only Mode beginning Semester \_\_\_\_\_

Expected Graduation Semester \_\_\_\_\_

By signing this form the advisor(s) certify that:

**Master's Candidate**

The master's candidate has successfully completed all required non-research courses.

*And* The master's candidate has completed the required number of credits for the master's degree.

**Doctoral Candidate**

The doctoral candidate has successfully completed all required non-research courses.

*And* The doctoral candidate has successfully completed the comprehensive and proposal defense exams. (note: comprehensive exam results must be posted to the student's Banner record by his/her department and the Approval of Dissertation Proposal form (D6) must be submitted to the Graduate School before the Graduate School will approve the application.)

**Signatures**

Please print name next to signature  
each co-advisor must sign

\_\_\_\_\_  
*Committee Chair/Advisor* *Date*

\_\_\_\_\_  
*Co-advisor (if applicable)* *Date*

\_\_\_\_\_  
*Assistant to the Dean of the Graduate School* *Date*

GSO USE ONLY
<input type="checkbox"/> FT Rsch Ck Box
<input type="checkbox"/> Rate (GRM/GRP)
<input type="checkbox"/> Permission
<input type="checkbox"/> E-mail Registrar
<input type="checkbox"/> E-mail Student
<input type="checkbox"/> MS Total Credits (min 30)
PhD: D4___ D5___ D6___
Courses Done ___