

### STUDENT ATTESTATION FORM – *Readiness to enroll in Thesis Defense course*

<b>Student Name:</b>		<b>CaneID:</b>	
<b>Academic Program</b>	<input type="checkbox"/> MS PH	<input type="checkbox"/> MS Prevention	
<b>EPH 810-Section DEF – Number of Credits to enroll:</b>			
<b>Term of Enrollment (Semester and Year):</b>			

- I understand that I must complete 6 credits of **EPH 810 – Master's Thesis** requirement for my Master of Science (MS) program. Enrolling in this 800-level course for any number of credits represents “full-time” enrollment.
- I have reviewed my thesis progress with my advisor and my committee chair and with their approval, I am ready to defend my thesis and meet the submission deadlines established by the University of Miami Graduate School [ETD](#) for the term/year indicated above.
- I understand the Graduate School policy published in the University of Miami Academic Bulletin stating that I need to be enrolled full-time in the semester I defend my thesis – UM POLICY: “For thesis and dissertation students, full-time registration is required during the semester or summer session in which a candidate defends the thesis or dissertation.” ([UM Academic Bulletin – Full-Time Study](#))
- I understand that I am enrolling in the final credit(s) available to me for the master’s thesis course: EPH810 section DEF (Defense) and this is the final allowable enrollment for this course to complete the 6 credits required of thesis.
- I understand that if I do not defend and meet the [ETD](#) submission deadlines while enrolled in EPH 810-DEF in the semester indicated above, I will have to enroll in an additional 1 credit course (EPH 820-Research in Residence) to meet the UM policy of full-time enrollment to defend. I understand enrollment in EPH 820 represents an additional credit above the required credits for the degree and I will incur an additional tuition cost for 1 credit.
- To enroll in EPH 810-DEF, student is responsible for signing below, for collecting all approval signatures and for submitting to Grad Programs Sr. Manager for Professional Development who will request enrollment.

Student: Sign here →

**Student Signature – acknowledges agreement to all items above**

**Date signed**

	Name	Approval signatures	Date
1. Academic Faculty Advisor			
2. Thesis Committee Chair			
3. Program Director			
4. Grad Programs: Sr. Program Manager Prof. Development.			