

**UNIVERSITY OF WASHINGTON**

*Return to: Office of Graduate Admission*

**301 Loew Hall, PO Box 84808**

**Seattle, WA 98124-6108**

Phone: (206) 616-0367 Email: astririv@u.washington.edu

**CERTIFICATE OF STATUS FOR VISITING GRADUATE STUDENTS**

An applicant who wishes to enroll in the Graduate School at the University of Washington as a Visiting Graduate Student must be in good standing and actively pursuing a graduate degree at another accredited academic institution. A Visiting Graduate Student will be permitted to register only in those courses for which the student is judged to be eligible by an advisor or the instructor of the course, and if space is available to accommodate registration. Length of enrollment as a Visiting Graduate is determined by the number of quarters indicated on this form unless otherwise adjusted by the Graduate School and the department of interest.

*It is not possible for a student attending as a Visiting Graduate Student to earn a graduate degree from the University of Washington.* However, a Visiting Graduate Student may apply to a program for regular graduate student status by submitting the appropriate application form, fee and any required credential such as official transcripts, letters of recommendation, personal statements, etc. If admission is granted, a petition may be submitted to the Dean of the Graduate School (after the beginning of the first quarter) to apply credits taken as a Visiting Graduate Student toward degree requirements.

International students must register full time each quarter of attendance as Visiting Graduate Students.

**To be completed by applicant (Print or type):**

*(Be sure to answer all questions on this form as an incomplete form will not be processed.)*

Applicant's Name (Family, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

Indicate Quarter and Year you wish to enter: Autumn \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Intended Length of enrollment: One quarter (3 months) \_\_\_\_\_ Two quarters (6 months) \_\_\_\_\_

One academic year (9 months) \_\_\_\_\_ One full year (12 months) \_\_\_\_\_

Department of Interest \_\_\_\_\_ Field of Specialization \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Current Graduate Status:**

*(To be completed by school official)*

School Name: \_\_\_\_\_ Location : \_\_\_\_\_

(State or Country)

Dates of attendance in the graduate program: From: \_\_\_\_\_ To: \_\_\_\_\_

Is the applicant:

Currently enrolled in (or official on leave from) a graduate program? Yes \_\_\_\_\_ No \_\_\_\_\_

In good standing in the graduate school? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's degree goal: \_\_\_\_\_ Title/Degree expected: \_\_\_\_\_

Date degree is expected: \_\_\_\_\_

Signature of Dean of your institution \_\_\_\_\_ Date \_\_\_\_\_

*(Signature must be signed in ink by the proper authority)*

***(Faxed and/or photo copies are not acceptable) Please keep a copy for your records.***