



OLD DOMINION UNIVERSITY

The Graduate School

Doctoral Candidates
1-Hour Full-Time Notification
for Financial Aid
D4

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

This confirms that the student above has advanced to Doctoral Candidacy Status (ABD) effective _____
(Semester/Year)
and is working full-time to complete the dissertation.

Submitted for Semester/Year: _____ *

Print Name

Signature

Date

Advisor

Advisor

Graduate Program Director

Graduate Program Director

***This form must be submitted to the Financial Aid Office each semester while the student remains in candidacy status and is actively working to complete the dissertation.**

Please send electronically to the Office of Financial Aid at finaid@odu.edu.
Copies: Graduate Program Director
VISA Office (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
Graduate Student Program File

Doctoral Form: D4
(Rev. 08/2019)