Virginia Tech
Graduate School

START OF SEMESTER DEFENSE EXCEPTION REQUEST

This form is used to indicate that a student has fulfilled all requirements, **including Advisory Committee review of the thesis or dissertation**, and is registering only to defend his/her thesis or dissertation. This form must be submitted to the Graduate School **at least three weeks prior to the exam day, but no later than the Friday of the third week of classes**. The student must also submit the Application for Degree via Hokie Spa. If approved, the student will be registered by the Graduate School for one credit hour. This charge is non-refundable.

International students should refer to http://www.graduateschool.vt.edu/igss/academic for more information regarding Start of Semester Defense Exception and immigration requirements.

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN _____ MIDDLE NAME _____ SUFFIX _____

Last 4 Digits of Student ID Number: _____

Date of Birth: _____ month/day/year

E-mail Address: _____ @vt.edu account, preferred

Daytime Phone: _____ □ Home □ Office □ Mobile

Local Address

_____

_____

_____

_____ city state zip country

Citizenship
□ U.S. CITIZEN □ PERMANENT RESIDENT □ NON-U.S. CITIZEN*
*If non-U.S. citizen, please list your visa status: _____

Current Program _____

First Term of Enrollment
□ FALL □ SPRING □ SUMMER I □ SUMMER II _____ year

Anticipated Completion Term
□ FALL □ SPRING □ SUMMER I □ SUMMER II _____ year

Degree Level
□ DOCTORAL
□ EDUCATION SPECIALIST
□ MASTERS

Campus
□ BLACKSBURG □ HAMPTON ROADS □ NATIONAL CAPITAL REGION □ RICHMOND □ ROANOKE □ SOUTHWEST VIRGINIA □ VIRTUAL

REQUIRED

Date and Time of Defense: _____ DATE _____ TIME

If a later date is requested, please justify below.

_____

Location of Defense
□ BLACKSBURG □ HAMPTON ROADS □ NATIONAL CAPITAL REGION □ RICHMOND □ ROANOKE □ SOUTHWEST VIRGINIA

Location on Campus: _____ BUILDING _____ ROOM NUMBER

□ I have already defended and am submitting this form to complete degree requirements.

_____ STUDENT SIGNATURE _____ date

SIGNATURES

Required Signatures

COMMITTEE CHAIRPERSON signature _____ printed name _____ e-mail (@vt.edu, preferred) _____ date

DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR _____ printed name _____ e-mail (@vt.edu, preferred) _____ date

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature _____ date

INTERNATIONAL GRADUATE STUDENT SERVICES signature _____ date

GRADUATE SCHOOL signature _____ date

Return your completed form to:
Graduate School
Graduate Life Center at Donaldson Brown
Virginia Tech (0325) • Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail grads@vt.edu for assistance.